

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003555

1. Corporation Name

THE COMMUNITY EDUCATION AND EMPOWERMENT KEYSTONE, INC.

Principal Place of Business

RT 6, BOX 100-C
QUINCY FL 32353

Mailing Address

P.O. BOX 1443
QUINCY FL 32353

FILED

99 MAY 17 11:10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/19/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	APPLIED FOR 37-3529759
24 Country	29 Country	Applied For
25	30	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

COLSTON, LEROY
909 MCGEE STREET
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name	Dantley, James
82 Street Address (P.O. Box Number is Not Acceptable)	Rte 5, Box 97K
83 City	Quincy, FL 32351
84 Zip Code	FL 32351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BANKS, ROSEMARY	
STREET ADDRESS	P O BOX 74 N/A	
CITY-ST-ZIP	MT PLEASANT FL 32353	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, ED	
STREET ADDRESS	406 HWY 27 NORTH	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, CLARENCE	
STREET ADDRESS	715 CALDWELL ST	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DANTLEY, JAMES L II	
STREET ADDRESS	RTE. 5 BOX 97K	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEMP, BERTA	
STREET ADDRESS	RTE. 4, BOX 824	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLSTON, LEROY	
STREET ADDRESS	909 MCGEE STREET	
CITY-ST-ZIP	QUINCY FL 32351	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James, Claudette	
1.3 STREET ADDRESS	227 N. Kelly St.	
1.4 CITY-ST-ZIP	Quincy, FL 32351	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

5-10-99 - 850-875-5205

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