

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006838

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** KEENEY CHAPEL UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

7736 DESTIN DR.  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4989  
TAMPA, FL 336774989 US

**New Mailing Address:**

**FEI Number:** 59-2900264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARTER, LEVI D  
8509 RIDEIN RD.  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RONALD, HUBBARD C  
Address: 4623 EL PRADO BOULEVARD  
City-St-Zip: TAMPA, FL 33629

Title: V  
Name: WILLIAMS, CHRISTINE  
Address: 410 BRENDA DR.  
City-St-Zip: BRANDON, FL 33510

Title: S  
Name: SCOTT, RHONIE JR.  
Address: 1905 S. TAYLOR RD.  
City-St-Zip: SEFFNER, FL 33584

Title: T  
Name: WILLIAMS, MORRIS  
Address: 410 BRENDA DR.  
City-St-Zip: BRANDON, FL 33510

Title: D  
Name: CHASE, ELSIL  
Address: 5805 20TH AVENUE  
City-St-Zip: TAMPA, FL 33619

Title: MGRM  
Name: CARTER, LEVI D MGRM  
Address: 8509 RIDEIN RD  
City-St-Zip: TAMPA, FL 33619 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEVI CARTER

MGRM

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date