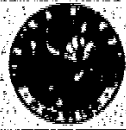


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
**95 APR 26 PM 1:08**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 707833 (0)**  
1. Corporation Name  
**THE KEENE TERRACE BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**OLD KEENE ROAD AND LAKE AVENUE  
1801 McMULLEN RD.  
LARGO FL 34641-8146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1964** 3a. Date of Last Report **03/08/1994**  
4. FEI Number **59-1056297** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**BRASHER, JAMES  
108 JUDY LEE DR.  
LARGO FL 33541**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DONEHOOD, ROBERT</b>
STREET ADDRESS	<b>1894 OAKDALE LANE S</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>PD</b>
NAME	<b>FUNKHOUSER, IVAN</b>
STREET ADDRESS	<b>1300 SOUTH BELCHER ROAD</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	<b>VD</b>
NAME	<b>BOYD, CLAYTON S.</b>
STREET ADDRESS	<b>441 TRINIDAD LANE</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	<b>D</b>
NAME	<b>PADGETT, RUBY, MRS.</b>
STREET ADDRESS	<b>1740 ROSERY ROAD</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>POOLE, CARL</b>
STREET ADDRESS	<b>1550 JASMINE WAY</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>BASHER, JAMES H.</b>
STREET ADDRESS	<b>108 JUDY LEE DR.</b>
CITY-ST-ZIP	<b>LARGO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>880 Mandalay Ave. #513N</b>
5.4 CITY-ST-ZIP	<b>Clearwater Beach, FL 34630</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **James H. Brasher** 4-12-95 (813) 585-9001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #