Applied For

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 707833

1. Corporation Name

THE KEENE TERRACE BAPTIST CHURCH, INC.

Principal Place of Business

2. Principal Place of Business

21

Mailing Address

OLD KEENE ROAD AND LAKE AVENUE 1901 MCMULLEN RD. LARGO FL 34641-8146

OLD KEENE ROAD AND LAKE AVENUE 1901 MCMULLEN RD.

LARGO FL 34641-8146

2a. Mailing Address

Suite Ant 4 oto

26

FILED Apr 26, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

09/17/1964

Suite, Apt.	#, etc.	Suite, Apr. #, etc.					E0 400007			, 193	
22	27						59-1056297				Applicable
City & State	e	City & State				5. Certificate of Status Desired			\$8.75 A		
23							3. Certificate of Otatos Scarce			Fee Rec	uired
Zip	Country	Zip		Count	try		6. Electica	n Campaign Financing		\$5.00 H	May Be
24	25	29	;	30				und Contribution		Added to	Fees
	9. Name and Address of Current F	tegistered Ag	gent				10. Name	and Address of New	Registered	Agent	
				8	B1 I	Nam e					
BRASHER, JAMES					82	Street Addre	ess (P.O. Bo)	Number is Not Accept	able)		
108 JUDY LEE DR.									·		
LARGO FL 33541											
DATIGO I E	. 000-11				84 (85 Zip C	ode
				1	1	City			Fi	_ '	
11. Pursuant	to the provisions of Sections 617.0502 a	and 617.1508,	Florida Statute	s, the abo	ove-n	amed corpo	oration submi	s this statement for the	purpose o	f changing its	egistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such	change was au	thorized i	by thi	e corporatio	n's board of (lirectors. I hereby acce	pt the appo	entment as reg	istered
=	an familiar with, and accept the obligation	13 01, 0000011	011.0000,1131								Į
SIGNATUFE	Signature, typed or printed name of registered agent a	nd title if applicable.	. (NOT =: I	Registered A	gent si	gnature required	when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS		13.			ADDITIO	NS/CHANGES TO OF	FICERS 4	_	
TITLE	D		☐ DELETE	1,1 TITL	E					Change	Addition
NAME	DONEHOO, ROBERT			1,2 NAM	2 NAME						-
STREET ADDRESS				1.3 STR	EET AC	DORESS					
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY	Y-ST-Z	IP .					
TITLE	VD.		☐ DELETE	2.1 TITL	E					☐ Change	☐ Addition
NAME	BOYD, CLAYTON S.			2.2 NAM	Æ	Y					1
STREET ADDRESS	441 TRINIDAD LANE			2.3 STR	EET A	DORESS					
CITY-ST-ZIP	LARGO FL			2. 4 CIT	Y-\$T-2	ZIP					
TITLE	D		☐ DELETE	3.1 TITL	.E	_				Change	Addition
NAME	POOLE, CARL			3.2 NAM	Æ						
STREET ADDRESS	880 MANDALAY AVENUE #513N			3.3 STR	REET AL	OORESS					
CITY-ST-ZIP	CLEARWATER FL			3 4. CIT	Y-ST-Z	ZIP					
TITLE	D		☐ DELETE	4,1 TITL	£	1				Change	Addition
NAME	BASHER, JAMES H.			4, 2 NA	ME						
STREET ADDRESS				4,3 STR	REET AL	OORESS					
CITY-ST-ZIP	LARGO FL			4.4 CITS	Y-ST-Z	IP					
TITLE			DELETE	5.1 TITL	£					Change	Addition
NAME				5.2 NAM	ΛE						İ
STREET ADDRESS				5.3 STR	REETAC	ODRESS					
CITY-ST-ZIP				5,4 CIT)	Y-ST-Z	IP					
TITLE			DELETE	6 1 TITL	Ē					☐ Change	☐ Addition
NAME				6.2 NAM	ΛE						
STREET ADDRESS				6.3 STR	REET AL	ODRESS					j
CITY-ST-ZIP				6.4 CITY	Y-ST-7	TIP					
	cartify that the information supplied with	thin filing door	a not avalify for	the ever	antior	etated in S	ection 119.07	'3Vil Florida Statutes	I further c	rtify that the in	formation

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07 (3)(i), Florida Statutes. Further Cartry 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 a Lother fike empowered.

727-585-9001

Daytime Phone #