

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90259 036 ****61.25

DOCUMENT # 707833
 1. Entity Name
THE KEENE TERRACE BAPTIST CHURCH, INC.

Principal Place of Business OLD KEENE ROAD AND LAKE AVENUE 1901 MCMULLEN RD. LARGO FL 34641-8146	Mailing Address OLD KEENE ROAD AND LAKE AVENUE 1901 MCMULLEN RD. LARGO FLA 33771-1146
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1056297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DONEHOO, ROBERT
STREET ADDRESS	1894 OAKDALE LANE S
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD <input type="checkbox"/> Delete
NAME	BOYD, CLAYTON S.
STREET ADDRESS	441 TRINIDAD LANE
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> Delete
NAME	POOLE, CARL
STREET ADDRESS	880 MANDALAY AVENUE #513N
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> Delete
NAME	BASHER, JAMES H.
STREET ADDRESS	108 JUDY LEE DR.
CITY-ST-ZIP	LARGO FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James H. Brasher* **SIGNATURE REQUIRED** James H Brasher 727-585-9001 4/28/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2 037 (9/99)