


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90008 006 ****61.25

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



Principal Place of Business 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**

54026095



MOORE CR2E037 (11/03)

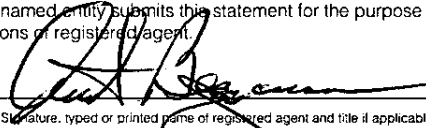
2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-1056297 Not Applicable
5. Certificate of Status Desired **\$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 **Art Bezanson**
Street Address (P.O. Box Number is Not Acceptable) **15777 Bolesta Rd #20**
City **Clearwater** **FL** Zip Code **33760**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  **Art Bezanson** **4-1-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

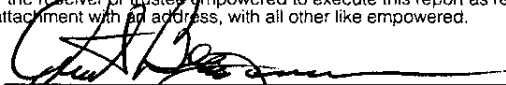
10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Art-Bezanson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15777 Bolesta Rd, #20	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE NAME	D Dan Driver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1065 Damrosch	
CITY-ST-ZIP	Largo, FL 33771	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Art Bezanson** **4-1-04** **727 536-5675**
Signature and typed or printed name of signing officer or director Date Daytime Phone #