


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 08:00 A
Secretary of State

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 FL 34641-8146	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BEZANSON, ART 15777 BOLESTA RD. #20 CLEARWATER FL 33762		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONEHOO, ROBERT	NAME	
STREET ADDRESS	1894 OAKDALE LANE S	STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	CITY-STATE-ZIP	000000661482 03/20/07-80042-018 61.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, CARL	NAME	
STREET ADDRESS	880 MANDALAY AVENUE #513N	STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEZANSON, ART	NAME	
STREET ADDRESS	15777 BOLESTA RD. #20	STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 33760	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIVER, DAN	NAME	
STREET ADDRESS	1065 DAMROSC	STREET ADDRESS	
CITY-STATE-ZIP	LARGO FL 33771	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

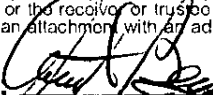


1st MOORE CR2E037 (10/06)

4. FEI Number **59-1056297** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 2-7-2007 727 584-2243