

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/5/2003-90104-032-\$61.25-\$61.25

00167600

DOCUMENT # **N02000006502**

1. Entity Name

KEEPING IT REAL HELP! MINISTRIES, INCORPORATED



03 SEP 22 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6120 NORTHEAST 72ND CIRCLE WEST #16
OKEECHOBEE FL 34972

Mailing Address

6120 NORTHEAST 72ND CIRCLE WEST #16
OKEECHOBEE FL 34972

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

50-2284281

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRAZELL, TERESA

6120 NORTHEAST 72ND CIRCLE WEST #16
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name **MARIA TERESA BRAZELL**

Street Address (P.O. Box Number is Not Acceptable)
6120 NE 72ND CIRCLE W #16

City **OKEECHOBEE** FL Zip Code **34972**

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

Maria Teresa Brazell President, Registered Agent

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** NAME **BRAZELL, LEONARD** ☒ Delete
STREET ADDRESS **6120 NORTHEAST 72ND CIRCLE WEST #16**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **D** NAME **BRAZELL, MARIA** ☐ Delete
STREET ADDRESS **6120 NORTHEAST 72ND CIRCLE WEST #16**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **D** NAME **SIMMS, JUANITA D** ☐ Delete
STREET ADDRESS **387 EAST FRANKLIN STREET**
CITY-ST-ZIP **OVIEDO FL 32762**

TITLE **D** NAME **ROLLE, MICHELLE** ☐ Delete
STREET ADDRESS **6120 NORTHEAST 72ND CIRCLE WEST #16**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Executive Director** ☒ Change ☐ Addition
NAME **Maria Brazell**
STREET ADDRESS **6120 NE 72ND CIRCLE W #16**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Michelle Rolle**
STREET ADDRESS **515 Rock Pt Rd**
CITY-ST-ZIP **Titusville, FL 32796**

TITLE **Director** ☐ Change ☒ Addition
NAME **Florence Rudon**
STREET ADDRESS **1160 Mayfair Way**
CITY-ST-ZIP **Titusville, FL 32796**

TITLE **Director** ☐ Change ☒ Addition
NAME **Rev Thomas Williams**
STREET ADDRESS **2000 White Sand Drive**
CITY-ST-ZIP **Titusville, FL 32780**

TITLE **Director** ☐ Change ☒ Addition
NAME **Rev. Bonnie Coney**
STREET ADDRESS **1225 ELLIS ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Change ☐ 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 information.

SIGNATURE:

Maria Teresa Brazell Executive Director 9/2/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-467-1756

CR2E037 (4/03)