

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90673 009 \*\*\*\*61.25

**DOCUMENT # N99000004856**

1. Entity Name

**RAISING THE STANDARD MINISTRIES, INC.**

Principal Place of Business

Mailing Address

ROUTE 3, BOX 630  
 LAKE CITY FL 32025

ROUTE 3, BOX 630  
 LAKE CITY FL 32025

2. Principal Place of Business

3. Mailing Address

**Rt. 28 BOX 630**

**Rt. 28 BOX 630**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Lake City, FL**

**Lake City, FL**

Zip

Country

Zip

Country

**32025**

**USA**

**32025**

**USA**

4. FEI Number

**59-3590681**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEEN, SHERI  
 RT 3, BOX 630  
 LAKE CITY FL 32025**

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

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **KEEN, SHERI**  
 STREET ADDRESS **RT 3, BOX 630**  
 CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Keen, Sheri**  
 STREET ADDRESS **Rt. 28 Box 630**  
 CITY-ST-ZIP **Lake City, FL 32025**

TITLE **T** ☐ Delete  
 NAME **KALB, CHARLES**  
 STREET ADDRESS **RT 7, BOX 541-B**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **MELOY, JAMES**  
 STREET ADDRESS **627 EVERGREEN AVE**  
 CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 empowered.

SIGNATURE:

**Sheri Keen**

**5/28/02**

**386-755-7430**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
# 1299000004856  
#16342

May 24, 2002

To Whom it may Concern,

Due to a change of address, my Uniform Business Report is being filed after the May 1 deadline. Please note the change of address and consider accepting this present filing of the UBR. Thank you for your consideration.

Sincerely,



Sheri Keen, President, Director  
Raising the Standard Ministries, Inc.