

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702235

FILED
Feb 03, 2009
Secretary of State

Entity Name: KEY WEST BAPTIST TEMPLE, INC.

Current Principal Place of Business:

5727 SECOND AVENUE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2298
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-1621079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, MORRIS O
5702 1ST AVENUE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PEREZ, ERASTO
Address: 1317 6TH ST
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: SMITH, TIMOTHY
Address: 181 STAR LN
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: FOWLER, BILL
Address: 20880 7TH AVE
City-St-Zip: CUDJOE KEY, FL 33042

Title: P () Delete
Name: WRIGHT, MORRIS D
Address: 5702 1ST AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: HUMBERT, JACOB
Address: 5228 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: WRIGHT, WANDA
Address: 5702 FIRST AVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/P (X) Change () Addition
Name: PEREZ, ERASTO
Address: 1317 6TH ST
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: SMITH, TIMOTHY
Address: 181 STAR LN
City-St-Zip: KEY WEST, FL 33040

Title: S/D (X) Change () Addition
Name: FOWLER, BILL
Address: 20880 7TH AVE
City-St-Zip: CUDJOE KEY, FL 33042

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUMBERT, JACOB
Address: 5228 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS Q. WRIGHT

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date