

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751689 (1)
1. Corporation Name
INTERNATIONAL CHURCH OF THE GOLDEN KEYS INC.



Principal Place of Business Mailing Address
10611 BAYSHORE RD.
NORTH FORT MYERS FL 33917 10611 BAYSHORE RD.
NORTH FORT MYERS FL 33917

3. Date Incorporated or Qualified 03/25/1980 3a. Date of Last Report 02/16/1995
4. FEI Number 59-1997282 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

HALE, NORMAN F
10611 BAYSHORE RD.
N FT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HALE, NORMAN F.
STREET ADDRESS 10611 BAYSHORE RD.
CITY-ST-ZIP N FT MYERS FL
TITLE STD ☐ DELETE
NAME HALE, JANET L.
STREET ADDRESS 10611 BAYSHORE RD.
CITY-ST-ZIP N FT MYERS FL
TITLE VD ☐ DELETE
NAME HALE, ROGER S.
STREET ADDRESS 10611 BAYSHORE RD.
CITY-ST-ZIP N. FT. MYERS FL
TITLE D ☐ DELETE
NAME LUKE HELEN,
STREET ADDRESS 1813 HIGH STREET
CITY-ST-ZIP TALLAHASSEE FL 32303
TITLE D ☐ DELETE
NAME CLAUD, GORDON,
STREET ADDRESS 21 CRESCENT LAKE DRIVE
CITY-ST-ZIP N. FT. MYERS FL 33918
TITLE D ☐ DELETE
NAME CLAUD, HELEN,
STREET ADDRESS 21 CRESCENT LAKE DRIVE
CITY-ST-ZIP N. FT. MYERS FL 33918

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33917
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33917
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33917
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 32303
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 4291 Woodbrier Dr.
5.4 CITY-ST-ZIP Ft. Myers 33905
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 4291 Woodbrier Dr.
6.4 CITY-ST-ZIP Ft. Myers 33905

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Norman Hale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 21, 1996 941-543-1077
Daytime Phone #

CR2E037 (12/95)