SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751689

(1)

INTERNATIONAL CHURCH OF THE GOLDEN KEYS INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

10611 BAYSHORE RD. NORTH FORT MYERS FL 33917

2. Principal Place of Business

HALE, NORMAN F

10611 BAYSHORE RD.

N FT MYERS FL 33917

Sulte, Apt. #, etc.

City & State

21

22

23

24

Zip

10611 BAYSHORE RD. NORTH FORT MYERS FL 33917

Mailing Address

Suite, Apt. #, etc.

City & State

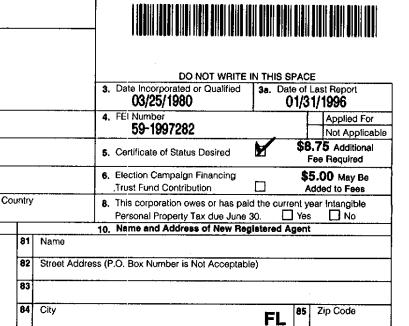
Zip

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FILED Aug 12 1997 8:00am Secretary of State



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.

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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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD		DELETE	1.1 TITLE	P	Change	Addition
NAME	HALE, NORMAN F.			1.2 NAME	WEISS ELORENCE		İ
STREET ADDRESS	10611 BAYSHORE RD.		ì	1.3 STREET ADDRESS	WEISS FLO RENCE 141 CARIBBEAN ST		
CITY-ST-ZIP	N FT MYERS FL	339/)		1.4 CITY - ST - ZIP	FT MYERS 33905	•	
TITLE	STD	Ţ	DELETE	2.1 TITLE		☐ Change	Addition
NAME	HALE, JANET L.			2.2 NAME			
STREET ADDRESS	10611 BAYSHORE RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	n ft myers fl	33917		2. 4 CITY-ST-ZIP			
TITLE	۷D		DELETE	3.1 TITLE		☐ Change	Addition
NAME	HALE, ROGER S.			3.2 NAME			
STREET ADDRESS	10611 BAYSHORE RD.			3.3 STREET ADDRESS]
CITY-ST-ZIP	N. FT. MYERS FL	339/7		3.4. CITY-ST-ZIP			
TITLE	D	I	DELETE	4.1 TITLE	0	Change	Addition
NAME	CLAUS, GORDON			4. 2 NAME	LUKE, HELEN 1813 HIGH 51		
STREET ADDRESS	1813 HIGH STREET			4.3 STREET ADDRESS	1813 HIGH 51	_	. !
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP	TALLAHASEE FL	323 03° 4	407
TITLE	D		DELETÉ	5.1 TITLE	,	☐ Change	☐ Addition
NAME	CLAUS, GORDON,			5.2 NAME			
STREET ADDRESS	4291 WOODBRIER DR.		سه رر	5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL	33905-6	4/5	5.4 CITY-ST-ZIP			
TITLE	D		DELETÉ	6.1 TITLE		☐ Change	☐ Addition
NAME	CLAUS, HELEN,			6.2 NAME			
STREET ADDRESS	4291 WODDBRIER DR.	-0-5-64	//	6.3 STREET ADDRESS			
	PER AUTONO EL	- 0-5-109	' ' / '				

14. I do 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 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.

NORMAN F. HALE

MANATURE DECIMARIO 7 3 1997 911503 100