


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).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751689 (1)
1. Corporation Name
INTERNATIONAL CHURCH OF THE GOLDEN KEYS INC.

Principal Place of Business 10611 BAYSHORE RD. NORTH FORT MYERS FL 33917	Mailing Address 10611 BAYSHORE RD. NORTH FORT MYERS FL 33917
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/25/1980	3a. Date of Last Report 01/31/1996
				4. FEI Number 59-1997282	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	HALE, NORMAN F.	1.2 NAME	WEISS FLORENCE
STREET ADDRESS	10611 BAYSHORE RD.	1.3 STREET ADDRESS	141 CARIBBEAN ST
CITY-ST-ZIP	N FT MYERS FL 33917	1.4 CITY-ST-ZIP	FT MYERS 33905
TITLE	STD	2.1 TITLE	
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	VD	3.1 TITLE	
NAME	HALE, ROGER S.	3.2 NAME	
STREET ADDRESS	10611 BAYSHORE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33917	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	CLAUS, GORDON	4.2 NAME	LUKE HELEN
STREET ADDRESS	1813 HIGH STREET	4.3 STREET ADDRESS	1813 HIGH ST
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303-4407
TITLE	D	5.1 TITLE	
NAME	CLAUS, GORDON,	5.2 NAME	
STREET ADDRESS	4291 WOODBRIER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33905-6415	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CLAUS, HELEN,	6.2 NAME	
STREET ADDRESS	4291 WOODBRIER DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33905-6416	6.4 CITY-ST-ZIP	

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

SIGNATURE:  7-13-1997 9:11:54 PM

CR2E037 (4/97)