

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90028 043 ****70.00

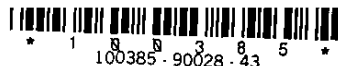
DOCUMENT # 751689

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1997282	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALE, NORMAN F.		1.2 NAME		
STREET ADDRESS	10611 BAYSHORE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL 33917		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUKE, HELEN		4.2 NAME		
STREET ADDRESS	1813 HIGH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAUS, GORDON		5.2 NAME		
STREET ADDRESS	4291 WOODBRIER DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAUS, HELEN		6.2 NAME		
STREET ADDRESS	4291 WOODBRIER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Norman F. HALE REQUIRED JAN 4, 1999 941-543-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0060735

CR2E037 (11/98)