


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 751689 1. Entity Name INTERNATIONAL CHURCH OF THE GOLDEN KEYS INC.	
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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



06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1997282	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000163872

U7/U7/U4-80021-015 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALE, NORMAN F. 10611 BAYSHORE RD. N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASHAM, CAROLYN RR1 LARRY'S RIVER NOVA SCOTIA CANADA BOH 1TO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALE, ROGER S. 10611 BAYSHORE RD. N. FT. MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD NELSON, ELIZABETH A 10611 BAYSHORE RD NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSS, HELEN 1765 FOX TREE LANE SAN ANTONIO, TX 78248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKE, HELEN 1813 HIGH ROAD TALLAHASSEE, FL 32303

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Norman F. Hale REV. NORMAN F. HALE JULY 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
239-5431077