

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 751689**

1. Entity 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**



04302008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1997282**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000944776

05/29/08-80113-012 61.25

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Roger Hale Roger Hale  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2008 239-543-1077  
Date Daytime Phone #