

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90163 041 ****70.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1997282**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

N. FT. MYERS FL 33917

12. 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 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: **NORMAN F. HALE** **APRIL 4, 03** **239 543-1077**

CR2E037 (10/02)