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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762722 (7)

1. Corporation Name

KEY WEST BIBLE CLASS OF T.W.M., INC.

Principal Place of Business	Mailing Address
925 WHITEHEAD ST KEY WEST FL 33040	925 WHITEHEAD ST KEY WEST FL 33040-7473

3. Date Incorporated or Qualified: 04/05/1982
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Street, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0028054 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

MCKINZIE, WILLIAM
925 WHITEHEAD ST
KEY WEST FL 33040

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKINZIE, WILLIAM		1.2 NAME	
STREET ADDRESS	925 WHITEHEAD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	PETIT, IRIS M.		2.2 NAME	JOSEPHINE HART
STREET ADDRESS	818E ELIZABETH STREET		2.3 STREET ADDRESS	901-D FORT STREET
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	KEY WEST, FL. 33040
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PETIT, IRIS M.		3.2 NAME	
STREET ADDRESS	818 E ELIZABETH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCKINZIE, DIANE C.		4.2 NAME	
STREET ADDRESS	925 WHITEHEAD STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WELTERS, MARJORIE		5.2 NAME	
STREET ADDRESS	915 CENTER STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000		5.4 CITY-ST-ZIP	
TITLE	MD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCKINZIE, DIANE C.		6.2 NAME	
STREET ADDRESS	925 WHITEHEAD ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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.

SIGNATURE: William McKinzie WILLIAM McKINZIE 1/6/97 305 296 2029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024508