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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 762722

1. Corporation Name

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

Principal Place of Business

925 WHITEHEAD ST
KEY WEST FL 33040

Mailing Address

925 WHITEHEAD ST
KEY WEST FL 33040



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/05/1982

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCKINZIE, WILLIAM
STREET ADDRESS 925 WHITEHEAD STREET
CITY-ST-ZIP KEY WEST FL

TITLE D ☐ DELETE

NAME HART, JOSEPHINE
STREET ADDRESS 901-D FORT STREET
CITY-ST-ZIP KEY WEST FL

TITLE SD ☐ DELETE

NAME PETT, IRIS M.
STREET ADDRESS 818 E ELIZABETH STREET
CITY-ST-ZIP KEY WEST FL

TITLE TD ☐ DELETE

NAME MCKINZIE, DIANE C.
STREET ADDRESS 925 WHITEHEAD STREET
CITY-ST-ZIP KEY WEST FL

TITLE D ☐ DELETE

NAME WELTERS, MARJORIE
STREET ADDRESS 915 CENTER STREET
CITY-ST-ZIP KEY WEST, FL 00000

TITLE MD ☐ DELETE

NAME MCKINZIE, DIANE C.
STREET ADDRESS 925 WHITEHEAD ST.
CITY-ST-ZIP KEY WEST, FL 00000

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

William McKinzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

April 14, 1999 (305) 296220