

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762722

1. Entity Name

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

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90127 036 ****70.00

Principal Place of Business

Mailing Address

925 WHITEHEAD ST
KEY WEST FL 33040

925 WHITEHEAD ST
KEY WEST FL 33040-7473

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

65-0028054

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINZIE, WILLIAM
925 WHITEHEAD ST
KEY WEST FL 33040

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MCKINZIE, WILLIAM	925 WHITEHEAD STREET	KEY WEST FL				
D	HART, JOSEPHINE	901-D FORT STREET	KEY WEST FL				
SD	PETIT, IRIS M.	818 E ELIZABETH STREET	KEY WEST FL				
TD	MCKINZIE, DIANE C.	925 WHITEHEAD STREET	KEY WEST FL				
D	WELTERS, MARJORIE	915 CENTER STREET	KEY WEST FL				
MD	MCKINZIE, DIANE C.	925 WHITEHEAD ST.	KEY WEST FL				

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 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

CR2E037 (9/99)