

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90158 001 ****70.00

DOCUMENT # 762722

1. Entity 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**

BU024930



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0028054

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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: *WILLIAM MCKINZIE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 (305) 296 2029

CR2E037 (9/01)