

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90048 031 ****70.00

DOCUMENT # 762722

1. Entity 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

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. 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
Due By May 1, 2004

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

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 PETIT, 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME LOUISE WHITEHEAD ST
STREET ADDRESS 824 BAPTIST LANE
CITY-ST-ZIP KEY WEST, FL-33040

TITLE ☐ Change ☐ 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* WILLIAM MCKINZIE 3/16/04 305 296 2029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #