


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 08:00 AM
Secretary of State

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		4. FEI Number 65-0028054	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKINZIE, WILLIAM 925 WHITEHEAD ST KEY WEST FL 33040			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$81.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINZIE, WILLIAM		NAME	U00000281215 03/30/05-80050-013 70.00	
STREET ADDRESS	925 WHITEHEAD STREET		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HART, JOSEPHINE		NAME		
STREET ADDRESS	901-D FORT STREET		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETIT, IRIS M.		NAME		
STREET ADDRESS	818 E ELIZABETH STREET		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINZIE, DIANE C.		NAME		
STREET ADDRESS	925 WHITEHEAD STREET		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITEHEAD, LOUISE		NAME		
STREET ADDRESS	824 BAPIST LANE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINZIE, DIANE C.		NAME		
STREET ADDRESS	925 WHITEHEAD ST.		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		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: <i>William McKinzie</i> WILLIAM MCKINZIE 3/24/2005 305 296 2029					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E037 (10/04)