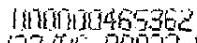
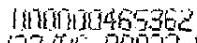
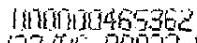


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number 65-0028054																																																																																																																									
5. Certificate of Status Desired ☒				Applied For Not Applicable																																																																																																																									
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 _____ 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, 2006		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 15%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MCKINZIE, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>925 WHITEHEAD STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY WEST FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HART, JOSEPHINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>901-D FORT STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY WEST FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>PETIT, IRIS M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>818 E ELIZABETH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY WEST FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MCKINZIE, DIANE C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>925 WHITEHEAD STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY WEST FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WHITEHEAD, LOUISE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>824 BAPTIST LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY WEST FL 33040</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MCKINZIE, DIANE C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>925 WHITEHEAD ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY WEST FL</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">  03/22/06-80033-012 70.00 </td> <td style="width: 15%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						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	WHITEHEAD, LOUISE		STREET ADDRESS	824 BAPTIST LANE		CITY-ST-ZIP	KEY WEST FL 33040		TITLE	MD	☐ Delete	NAME	MCKINZIE, DIANE C.		STREET ADDRESS	925 WHITEHEAD ST.		CITY-ST-ZIP	KEY WEST FL		TITLE	 03/22/06-80033-012 70.00	☐ Change ☐ Add	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY-ST-ZIP		
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	WHITEHEAD, LOUISE																																																																																																																												
STREET ADDRESS	824 BAPTIST LANE																																																																																																																												
CITY-ST-ZIP	KEY WEST FL 33040																																																																																																																												
TITLE	MD	☐ Delete																																																																																																																											
NAME	MCKINZIE, DIANE C.																																																																																																																												
STREET ADDRESS	925 WHITEHEAD ST.																																																																																																																												
CITY-ST-ZIP	KEY WEST FL																																																																																																																												
TITLE	 03/22/06-80033-012 70.00	☐ Change ☐ Add																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		☐ Change ☐ Add																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		☐ Change ☐ Add																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		☐ Change ☐ Add																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 JR 10 116 305 28/2010**