2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 762722

Entity Name: KEY WEST BIBLE CLASS OF T.W.M., INC.

Current Principal Place of Business:

925 WHITEHEAD ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

925 WHITEHEAD ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0028054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCKINZIE, WILLIAM
925 WHITEHEAD ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MCKINZIE, WILLIAM,	
Address:	925 WHITEHEAD STREET	
City-St-Zip:	KEY WEST, FL	
Title:	D	( ) Delete
Name:	HART, JOSEPHINE	
Address:	901-D FORT STREET	
City-St-Zip:	KEY WEST, FL	
Title:	SD	( ) Delete
Name:	PETIT, IRIS M.,	
Address:	818 E ELIZABETH STREET	
City-St-Zip:	KEY WEST, FL	
Title:	TD	( ) Delete
Name:	MCKINZIE, DIANE C.,	
Address:	925 WHITEHEAD STREET	
City-St-Zip:	KEY WEST, FL	
Title:	D	( ) Delete
Name:	WHITEHEAD, LOUISE	
Address:	824 BAPIST LANE	
City-St-Zip:	KEY WEST, FL 33040	
Title:	MD	( ) Delete
Name:	MCKINZIE, DIANE C.,	
Address:	925 WHITEHEAD ST.	
City-St-Zip:	KEY WEST, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MD	(X) Change ( ) Addition
Name:	MCKINZIE, DIANE C.,	
Address:	925 WHITEHEAD ST.	
City-St-Zip:	KEY WEST, FL 33040 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MCKINZIE PRED 02/10/2009
Electronic Signature of Signing Officer or Director — Date