

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0031861

DOCUMENT # N00000001210

1. Entity Name

KEY TO LIFE MINISTRY, INC.



FILED

04 MAY -5 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

881 NW 33RD AVENUE
FORT LAUDERDALE FL 33311

Mailing Address

881 NW 33RD AVENUE
FORT LAUDERDALE FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

2224 SW 68th Ave

3. Mailing Address

Suite, Apt. #, etc.

881 NW 33rd Ave

City & State

Miami FL 33023

Zip

Country

Broward

City & State

Fort Lauderdale FL

Zip

33311

Country

Broward

4. FEI Number

82-0542584

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODKIN, PETER M

ONE EAST BROWARD BLVD., SUITE 1501
FORT LAUDERDALE FL 33301

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

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 D ☐ Delete
NAME KEY, JEROME
STREET ADDRESS 881 NW 33RD AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE D ☐ Delete
NAME KEY, HARDY
STREET ADDRESS 55 LINDEN AVENUE
CITY-ST-ZIP LAKEWOOD NJ 08701

TITLE D ☐ Delete
NAME WRIGHT, RUBY KEY
STREET ADDRESS 172 WARD STREET
CITY-ST-ZIP NEW BRUNSWICK NJ 08901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 100036276181
STREET ADDRESS 05/13/04--01078--005
CITY-ST-ZIP **\$61.25

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

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

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 954-650-7011

CR2E037 (10/02)