2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90732 013 ****61.25

DOCUMENT # N01000006143

1. Entity Name
HEAVEN'S KEY MINISTRIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1123 SOUTH SHORE RD JACKSONVILLE, FL 32207	1123 SOUTH SHORE RD JACKSONVILLE, FL 32207

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

03292004　Chg-NP　　CR2E037 (10/03)

4. FEI Number
59-3740584

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
STRONG, DENISE 1123 SOUTH SHORE RD JACKSONVILLE, FL 32207	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

Filing 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		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	JAQUES, SANDRA		NAME			
STREET ADDRESS	RT 1 BOX 368		STREET ADDRESS			
CITY-ST-ZIP	BRYCEVILLE, FL 32009		CITY-ST-ZIP			
TITLE	DVT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	STRONG, DENISE		NAME			
STREET ADDRESS	1123 SOUTH SHORE RD		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP			
TITLE	SEC	☒ Delete	TITLE	D SEC	☒ Change	☐ Addition
NAME	WESTOFF, BONNIE		NAME	knadle Elaine		
STREET ADDRESS	1710 HEATHENWOOD		STREET ADDRESS	1121 Doodle Lane		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	Bryceville, FL 32009		
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	KNADLE, ELAINE		NAME			
STREET ADDRESS	RT1 BOX 368		STREET ADDRESS			
CITY-ST-ZIP	BRYCEVILLE, FL 32009		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _Denise Strong_　　04/30/04　904-399-1123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #