

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005589

FILED
Jan 29, 2006
Secretary of State

Entity Name: KEYS EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:

1000 COPPIT ROAD
BIG COPPIT KEY, FL 33040

New Principal Place of Business:

Current Mailing Address:

1000 COPPIT ROAD
BIG COPPIT KEY, FL 33040

New Mailing Address:

FEI Number: 65-0474478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELZIEN, WILLIAM V
1000 COPPITT RD
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: D () Delete
Name: FRUTH, MARSHANN
Address: 297 ROTONDA BLVD W
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: VERMEULEN, WILLIAM J
Address: 6691 ADARIDGE DR SE
City-St-Zip: ADA, MI 49301

Title: D () Delete
Name: CERASALE, MARK W
Address: 1051-A HALSEY DR
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: LEMONS, DAVID
Address: 4 BAMBOO TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BURRY, PAUL J
Address: 701 SPANISH MAIN DR LOT 119
City-St-Zip: CUDJOE KEY, FL 33042

Title: D () Delete
Name: GRAHAM, ROSS W
Address: 33 MARSHAM DR
City-St-Zip: MARLTON, NJ 08053

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL BURRY

TRES

01/29/2006

Electronic Signature of Signing Officer or Director

Date