FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 724953
1. Corporation Name

(5)

THE CH DA, INC	Hurch of Christ Writte	n in Heaven, of Flo	ORI		
Principal Plac	e of Business	Mailing Address		-{	t 410tt 418tt Gista biggi 410tt 6t8tt (06t
% elder Thomas Brown. Pastor 1430 Kings Road Jacksonville Fl 32209		% Elder Thomas Brown. Pastor 1430 Kings Road Jacksonville Fl 32209-6255		Date Incorporated or Qualified	2a Data of Land Dancel
				12/06/1972	3a. Date of Last Report 02/27/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1869143	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Statos Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	[28] Zip	Country	Trust Fund Contribution	Added to Fees
24	25	}	30	6. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes - 🔲 No
	9. Name and Address of Current		[30]	10. Name and Address of New Reg	
			81 Name		
GREEN, DEACON GEORGE			82 Street Addr	one (D.O. Doy Number in Not Second-	
ROUTE 1			Street Addr	ess (P.O. Box Number is Not Acceptable	e)
SOPCHOPPY FL 32358			83		
			84 City		85 Zip Code
			1 1 3		FL (")
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporal office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's				oration submits this statement for the pu	rpose of changing its registered
agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.					
SIGNATURE .		-OWN. BISH		17	
12.	Signature, typed or printed name of registered ager OFFICERS AND		: Registered Agent signature require	ad when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE TO DE CAMPA DI LO COMPONIO DE LA LOCATION DE L
TITLE	P	L DELETE	1.1 11/16	ABOTTONG/GITANGEG TO OFFICE	Change Addition
NAME	BROWN, BISHOP THOMAS	_	1.2 NAME		
STREET ADDRESS	1110 W. 8TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		
TITLE	BD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POLLAR, BISHOP C.(BISHOP		2.2 NAME		(
STREET ADDRESS	1263 DANIEL STREET		2.3 STREE1 ADDRESS		
CITY-ST-ZIP	WAYCROSS GA		2 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	MILLINER, BISHOP D.J.		3.2 NAME		ļ
STREET ADDRESS	14720 BUCHANAN STREET		. 3.3 STREET ADDRESS		ļ
CITY-ST-ZIP	RICHMOND HEIGHTS FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME	D Green, Deacon George F.	C DECEIE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS	ROUTE 1		4.3 STREET ADDRESS		
	SOPCHOPPY FL		1		ł
CITY-ST-ZIP TITLE	SD	DELETE	4.4 CITY-ST - ZIP 5.1 TITLE		Change Addition
NAME	WILLIAMS, MADELINE		S 2 NAME		
STREET ADDRESS	835 NW 63RD ST.		5.3 STREET ADDRESS		ł
CITY-ST-ZIP	MIAMI FL		5.4 C(1 Y - S1 - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		}
CITY-ST-ZIP		70 .77 70	6.4 CITY - ST - ZIP		
14. I do herek	by certify that the information supplied to indicated on this applied report or su	with this filing does not qualify	y for the exemption stated	in Section 119.07(3)(i), Florida Statutes.	I further certify that the

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Annual Brown Thomas Brown Thomas Brown 3.7-97 904355013