


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N06000010809 1. Entity Name GREATER UNITED CHURCH OF CHRIST WRITTEN IN HEAVEN, INC.	
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Principal Place of Business 2079 UNITY ROAD MARIANNA FL 32448	Mailing Address PO BOX 216 MARIANNA FL 32447
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 59-2954856	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent BIGHAM, JAMES M 5485 PELHAM COURT GRACEVILLE FL 32440	7. Name and Address of New Registered Agent Name Street Address (P.O. Box number is Not Acceptable) City <div style="text-align: right; margin-top: 10px;"> FL Zip Code </div>
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete MORGAN, ZECHARIAH SR.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2040 HIGHWAY 73	NAME	U00000898403 04/25/08-80086-014 70.00
STREET ADDRESS	MARIANNA FL 32448	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete MORGAN, NEHEMIAH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4223 THOMPSON ROAD	NAME	
STREET ADDRESS	MARIANNA FL 32448	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete ROBBINS, BETTY M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4526 COLLINS ROAD	NAME	
STREET ADDRESS	MARIANNA FL 32448	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 119, 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: James M. Biggem **JAMES M. Biggem** 04-10-08