

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49864 (4)
1. Corporation Name
UNITY CHURCH OF CHRIST WRITTEN IN HEAVEN INC.



Principal Place of Business
**319 NE 7TH AVENUE
CRYSTAL RIVER FL 34428**

Mailing Address
**954 NE 6TH STREET
CRYSTAL RIVER FL 34428
US**

3. Date Incorporated or Qualified **07/14/1992** 3a. Date of Last Report **04/03/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Brooks, William M.		26 of Christ Witten In Heaven		59-3017454		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 954 N. E. 6th Street		27 319 N. E. 7th Avenue		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23 Crystal River, FL		28 Crystal River, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		Country		Country	
24 34428		25 U.S.A.		29 34428		30 U.S.A.	

9. Name and Address of Current Registered Agent

**BROOKS, WILLIAM M.
954 NE 6TH STREET
CRYSTAL RIVER FL 34428**

10. Name and Address of New Registered Agent

81 Name	Brooks, William M.		
82 Street Address (P.O. Box Number is Not Acceptable)	954 N.E. 6th Street		
83			
84 City	Crystal River	85 State	FL
		86 Zip Code	34428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SMITH, JESSE	1.2 NAME	Davis, Gregory DR.
STREET ADDRESS	P.O. BOX 2156 N/A	1.3 STREET ADDRESS	7806 Caxton Circle
CITY-ST-ZIP	CRYSTAL RIVER FL 34423	1.4 CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	VD	2.1 TITLE	
NAME	BROOKS, WILLIAM M.	2.2 NAME	
STREET ADDRESS	954 NE 6 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	PARKER, BOBBY L	3.2 NAME	
STREET ADDRESS	3261 N. CHAMELEON POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SIMMONS, JAMES J.	4.2 NAME	
STREET ADDRESS	334 NE 13TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BROOKS, CLARENCE	5.2 NAME	
STREET ADDRESS	1385 S. ROCKCRUSHER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CLEVELAND, WILLIE	6.2 NAME	
STREET ADDRESS	73 NE 9TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William M. Brooks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (352) 795-4852
Date Daytime Phone #

CR2E037 (12/95)