2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 23, 2004 8:00 am Secretary of State DOCUMENT # N96000002654 1. Entity Name 08-23-2004 90026 045 ****70.00 COMMUNITY CHURCH OF CHRIST WRITTEN IN HEAVEN OF PERRINE, INC. Principal Place of Business Mailing Address 10200 SOUTHWEST 171ST STREET 10200 SOUTHWEST 171ST STREET PERRINE FL 33157 PERRINE FL 33157 CR2E037 (4/04) MOORE City & State Applied For 4. FEI Number 65-0190780 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required merica 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. Marahon ature, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By September 8, 2004 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition INGRAHAM, JOSEPH T NAME NAME 10200 SW 171 ST STREET ADDRESS STREET ADDRESS PERRINE FL 33157 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITE, CATHY C NAME MAME 10200 SOUTHWEST 171ST STREET STREET ADDRESS STREET ADDRESS PERRINE FL 33157 CITY-ST-7IP CITY-ST-ZIP Mc Lerou TITLE ☐ Delete TITLE ☐ Change Addition MCLEĂRY, ĖSTELL L NAME NAME 10200 SOUTHWEST 171ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRINE FL 33157 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition INGRAHAM, CYNTHIA M NAME NAME 10200 SOUTHWEST 171ST STREET STREET ADDRESS STREET ADDRESS PERRINE FL 33157 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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.

SIGNATUR

FILED