

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90029 027 ****70.00

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1. Entity Name

COMMUNITY CHURCH OF CHRIST WRITTEN IN HEAVEN
OF PERRINE, INC.



Principal Place of Business

Mailing Address

COMM. CHURCH OF CHRIST WRITTEN IN HEA
MIAMI FL 33157

10200 SOUTHWEST 171ST STREET
MIAMI FL 33157

*Pastor's Home Address
A sure way of getting Mail*

2. Principal Place of Business

17900 S.W. 102 Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Perrine Fla.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0190780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33157

Country
America

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME INGRAHAM, JOSEPH T
STREET ADDRESS 10200 SW 171 ST
CITY-ST-ZIP PERRINE FL 33157

TITLE VD ☐ Delete
NAME WHITE, CATHY C
STREET ADDRESS 10200 SOUTHWEST 171ST STREET
CITY-ST-ZIP PERRINE FL 33157

TITLE TD ☐ Delete
NAME MCLEROY, ESTELL L
STREET ADDRESS 10200 SOUTHWEST 171ST STREET
CITY-ST-ZIP PERRINE FL 33157

TITLE SD ☐ Delete
NAME INGRAHAM, CYNTHIA M
STREET ADDRESS 10200 SOUTHWEST 171ST STREET
CITY-ST-ZIP PERRINE FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: