

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724953 (5)
 1. Corporation Name
THE CHURCH OF CHRIST WRITTEN IN HEAVEN, OF FLORIDA, INC.



Principal Place of Business % ELDER THOMAS BROWN. PASTOR 1430 KINGS ROAD JACKSONVILLE FL 32209	Mailing Address % ELDER THOMAS BROWN. PASTOR 1430 KINGS ROAD JACKSONVILLE FL 32209-6255
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3. Date Incorporated or Qualified 12/06/1972	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1869143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GREEN, DEACON GEORGE
 ROUTE 1
 SOPCHOPPY FL 32358**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 Thomas Brown Bishop 3-7-97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, BISHOP THOMAS	
STREET ADDRESS	1110 W. 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	POLLAR, BISHOP C.(BISHOP	
STREET ADDRESS	1263 DANIEL STREET	
CITY-ST-ZIP	WAYCROSS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLINER, BISHOP D.J.	
STREET ADDRESS	14720 BUCHANAN STREET	
CITY-ST-ZIP	RICHMOND HEIGHTS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, DEACON GEORGE F.	
STREET ADDRESS	ROUTE 1	
CITY-ST-ZIP	SOPCHOPPY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MADELINE	
STREET ADDRESS	835 NW 63RD ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: Thomas Brown Bishop 3-7-97 904 3550130

CR2E037 (9/96)