SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jul 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 724953

(5)

DA, INC	Hur c h of Christ Writte).	n in Heaven, of Flo	RI		
Principal Pla	ace of Business	Malling Address			I IDDANI INDRE KIRIN DIDIO KONDI BIRBO KIK DIBNI BIRIK BIRIK BIRIN
% ELDER THOMAS BROWN. PASTOR 1430 KINGS ROAD			VN. PASTOR		Date Incorporated or Qualified 12/06/1972 FEI Number Applied For
A D.:!!	Di				59-1869143 Not Applicable
2. Principal Place of Business 21		2a. Malling Address 26			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Countr	У	This corporation owes or has paid the current year intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
	DEACON GEORGE		82	Street	t Address (P.O. Box Number is Not Acceptable)
ROUTE 1	PPY FL 32358		83	3	
00,01101	TV TVE DEDOO				
			84	City	FL 85 Zip Code
11. Pursuant office or i	to the provisions of sections 617.0502 registered agent, or both, in the State	and 617.1508, Florida Statutes of Florida. Such change was a	, the above-	named cor	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
_		tions of, section 617.0503, Flor	lda Statutes		
SIGNATURE		tions of, section 617.0503, Floi	ida Statutes.	•	ure required when reinstating) DATE
SIGNATURE	Signature, typed or printed name of registered age	tions of, section 617.0503, Floi	TE: Registered /	Agent algnatur	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable.	TE: Registered A 13. 1.1 TITLE	Agent eignetur	ure required when reinstating) DATE
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14. 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 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.