

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90023 005 \*\*\*\*61.25

0005022

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724953

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
12/06/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1869143

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  \$5.00 May Be Added to Fees  
Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, DEACON GEORGE  
ROUTE 1  
SOPCHOPPY FL 32358

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 617.1508, 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  DELETE  
NAME P  
BROWN, BISHOP THOMAS  
STREET ADDRESS 1110 W. 8TH STREET  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME BD  
POLLAR, BISHOP C.(BISHOP)  
STREET ADDRESS 1263 DANIEL STREET  
CITY-ST-ZIP WAYCROSS GA

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
MILLINER, BISHOP D.J.  
STREET ADDRESS 14720 BUCHANAN STREET  
CITY-ST-ZIP RICHMOND HEIGHTS FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
GREEN, DEACON GEORGE F.  
STREET ADDRESS ROUTE 1  
CITY-ST-ZIP SOPCHOPPY-FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME SD  
WILLIAMS, MADELINE  
STREET ADDRESS 835 NW 63RD ST.  
CITY-ST-ZIP MIAMI FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Thomas Brown* SIGNATURE REQUIRED *Thomas Brown* H-1599 904-355 0130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)