

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724953

FILED
May 28, 2008
Secretary of State

Entity Name: THE CHURCH OF CHRIST WRITTEN IN HEAVEN, OF FLORIDA, INC.

Current Principal Place of Business:

% ELDER THOMAS BROWN, PASTOR
1110 W.8TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

% BISHOP THOMAS BROWN, PASTOR
1110 W.8TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

% ELDER THOMAS BROWN, PASTOR
1110 W.8TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

% BISHOP THOMAS BROWN, PASTOR
1110 W.8TH STREET
JACKSONVILLE, FL 32209

FEI Number: 59-1869143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, THOMAS
1110 W 8TH STREET
JACKSONVILLE, FL 32209 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, BISHOP THOMAS,
Address: 1110 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL

Title: CD () Delete
Name: JONES, J.W BISHOP
Address: 1524 STUYVESANT AVE
City-St-Zip: TRENTON, NJ 08618

Title: D () Delete
Name: BRONSON, FRED BISHOP
Address: 7623 GREENLAND DRIVE
City-St-Zip: CINCINNATI, OH 45237

Title: D () Delete
Name: BUXTON, SYDNEY BISHOP
Address: 9 ROSE AVENUE
City-St-Zip: SPRING VALLEY, NY 10977

Title: D () Delete
Name: DAVIS, GREGORY BISHOP
Address: 7806 CAXTON CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: INGRAHAM, J.T BISHOP
Address: 10200 SW 171ST STREET
City-St-Zip: PERRINE, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, BISHOP THOMAS,
Address: 1110 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BROWN

P

05/28/2008

Electronic Signature of Signing Officer or Director

Date