

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 725063

1. Entity Name
**THE GLORIOUS CHURCH OF CHRIST WRITTEN IN
HEAVEN, INC.**



Principal Place of Business

% DAVID C BOAS
11440 NO. KENDALL DRIVE SUITE 205
MIAMI, FL 33176 US

Mailing Address

% DAVID C BOAS
11440 NO. KENDALL DRIVE SUITE 205
MIAMI, FL 33176 US



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1738036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOAS, DAVID C., C.P.A.
11440 NO. KENDALL DR
SUITE 205
MIAMI, FL 33166

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IN THIS SPACE**

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)

U000000578931
01/03/07-80049-004 61.25

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED MOSS, JOSEPH S. 14535 S.W. 106TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, OLA 14535 SW 106 COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEARSON, POLLY 14535 SW 106 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #