

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
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



01152008 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 <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/18/08-80032-012 61.25

**DO NOT WRITE
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: Joseph S. Moss 2/28/08 / 305 273 7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #