

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90015 011 ****61.25

DOCUMENT # N00000004577

1. Entity Name

THE CHURCH OF CHRIST WRITTEN IN HEAVEN, OF
GOULDS, FLORIDA, INC.



Principal Place of Business

11760 SW 220 STREET
GOULDS FL 33170

Mailing Address

11760 SW 220 STREET
GOULDS FL 33170

54066740



MOORE CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1020994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, DANIEL
12414 SW 259 ST
HOMESTEAD, FL 33032

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	MILLNER, CLARA M	14720 BUCHANAN ST	MIAMI FL 33176	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	SHARPE, DOROTHY	21811 SW 112TH AVE	MIAMI FL 33170	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HODGE, NORMAN	411 SW 7TH AVE	HOMESTEAD FL 33030	<input checked="" type="checkbox"/>	Director	ROBERT MITCHELL Sr.	14017 S.W. 262 Lane #1	Homestead, Fl. 33032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ADAMS, JUDITH	12414 SW 259TH STREET	HOMESTEAD FL 33032	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

Judith Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04
Date

305 238-7533
Daytime Phone #