


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1020994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, DANIEL
 12414 SW 259 ST
 HOMESTEAD, FL 33032

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLNER, CLARA M 14720 BUCHANAN ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARPE, DOROTHY 21811 SW 112TH AVE MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, ROBERT SR 14017 SW 262 LANE # 1 HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JUDITH 12414 SW 259TH STREET HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 E. ADAMS** Date: **1/17/05 (305) 259-1583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #