


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 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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07042006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1020994	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

**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 \$61.25
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000570349
07/14/06-80011-001 70.00

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	

**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: Judith E. Adams **Judith E. ADAMS** 7/13/06 305 258-7523

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