

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90035 020 ****70.00

DOCUMENT # N00000004577
 1. Entity Name
 THE CHURCH OF CHRIST WRITTEN IN HEAVEN, OF GOULDS, FLORIDA, INC.



Principal Place of Business Mailing Address
 11760 SW 220th St.
 Goulds, FL. 33170-2941



01142008 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 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, DANIEL
 12414 SW 259 ST
 HOMESTEAD, FL 33032

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P MILLNER-JAMES, 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 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 1/20/08 305 258-7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #