## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008706

FILED Feb 15, 2008 Secretary of State

Entity Name: ABUNDANT PRAISE MINISTRIES CHURCH OF CHRIST WRITTEN IN HEAVEN INC.

**Current Principal Place of Business: New Principal Place of Business:** 8412 NORTH 13TH STREET TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** PO BOX 46451 TAMPA, FL 33647 FEI Number: 73-1716765 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOKS, TARRELLE 18220 PORTSIDE STREET TAMPA, FL 33647 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete **BROOKS, TARRELLE** Name: Name: 18220 PORTSIDE STREET Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition BROOKS, LETITIA Name: Name: Address: 18220 PORTSIDE STREET Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MCCLEAD, HAZEL CONDRY, DARRELL Name: Name: 27614 SUGAR LOAF DR. 1004 E. YUKON STREET Address: Address: City-St-Zip: WESLEY CHAPEL, FL City-St-Zip: TAMPA, FL 33604 ( ) Delete (X) Change ( ) Addition Title: 0 Title: Name: HAYES, FRED Name: MCLEOD, HAZEL 2501 IRENE ST. 27614 SUGAR LOAF DRIVE Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: WESLEY CHAPEL, FL 33544 Title: ( ) Delete Title: (X) Change ( ) Addition POPE, SABRINA HAYES, FRED Name: Name: 2501 IRENE ST. 2501 IRENE ST. Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33549 Title: (X) Delete Title: () Change () Addition HIGHSMITH, BRENDA Name: Name: Address: 1004 EAST YUKON STREET Address: TAMPA, FL 33604 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARRELLE BROOKS D 02/15/2008