## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008706

FILED Mar 16, 2009 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 (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOKS, TARRELLE BROOKS, TARRELLE L PASTOR 18220 PORTSIDE STREET 18220 PORTSIDE STREET TAMPA, FL 33647 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: TARRELLE BROOKS 03/16/2009 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: () Change () Addition CONDRY, DARRELL Name: Name: 1004 E. YUKON STREET Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition STEVENSON, BOBBY Name: MCLEOD, HAZEL Name: 27614 SUGAR LOAF DRIVE 18220 PORTSIDE STREET Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change ( ) Addition HAYES, FRED HIGHSMITH, BRENDA Name: Name: YUKON STREET 2501 IRENE ST. Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: TAMPA, FL 33604 Title: () Delete Title: ( ) Change (X) Addition POPE. SABRINA Name: Name: Address: Address: YUKON STREET 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 03/16/2009