

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/2

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-23-2007 90017 024 ****61.25

DOCUMENT # N04000009365 1. Entity Name OUTREACH CHURCH OF CHRIST WRITTEN IN HEAVEN INC.					
Principal Place of Business 1581 W NEW LENOX LANE DUNNELLON, FL 34430			Mailing Address 1581 W NEW LENOX LANE DUNNELLON, FL 34430		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number NOT APPLICABLE			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BROOKS-WALKER, BERTHA 3087 E PATRICIA LANE INVERNESS, FL 34453			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PS Pastor-President <input type="checkbox"/> Delete NAME BROOKS-WALKER, BERTHA D STREET ADDRESS PO BOX 2511 CITY-ST-ZIP INVERNESS, FL 34451	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V Co-Pastor Vice President <input type="checkbox"/> Delete NAME WALKER, DONELL STREET ADDRESS PO BOX 2511 CITY-ST-ZIP INVERNESS, FL 34451	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T Treasurer <input type="checkbox"/> Delete NAME BROOKS, SARAH D STREET ADDRESS 467 E NICHOLAS STREET CITY-ST-ZIP HERNANDO, FL 34442	TITLE Member-treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Brooks, Sarah D. STREET ADDRESS 3711 E. Nugget Lane CITY-ST-ZIP Inverness, FL 34452		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Bertha D. Brooks-Walker <i>Bertha Brooks-Walker</i> 1/17/07 (352) 344-1213 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					