

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009365

FILED  
Apr 04, 2009  
Secretary of State

**Entity Name:** OUTREACH CHURCH OF CHRIST WRITTEN IN HEAVEN INC.

**Current Principal Place of Business:**

1581 W NEW LENOX LANE  
DUNNELLON, FL 34430

**New Principal Place of Business:**

**Current Mailing Address:**

1581 W NEW LENOX LANE  
DUNNELLON, FL 34430

**New Mailing Address:**

**FEI Number:** 75-3230413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BROOKS-WALKER, BERTHA  
3087 E PATRICIA LANE  
INVERNESS, FL 34453 US

**Name and Address of New Registered Agent:**

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:**

Title: PS ( ) Delete  
Name: BROOKS-WALKER, BERTHA D  
Address: PO BOX 2511  
City-St-Zip: INVERNESS, FL 34451

Title: V ( ) Delete  
Name: WALKER, DONELL  
Address: PO BOX 2511  
City-St-Zip: INVERNESS, FL 34451

Title: MT ( ) Delete  
Name: BROOKS, SARAH D  
Address: 3711 E. NUGGET LANE  
City-St-Zip: INVERNESS, FL 34452

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: BROOKS, SARAH  
Address: 3711 E. NUGGET LANE  
City-St-Zip: INVERNESS, FL 34452

Title: MT (X) Change ( ) Addition  
Name: DORA, SMITH  
Address: 3299 W. WILHELM STREET  
City-St-Zip: DUNNELLON, FL 34433

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: BERTHA D. BROOKS-WALKER

PS

04/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date