2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42005

Address:

City-St-Zip:

364 LINCOLN DR

CHATTAHOOCHEE, FL 32324

FILED Apr 01, 2007 Secretary of State

Entity Name: TABERNACLE CHURCH OF CHRIST WRITTEN IN HEAVEN OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 12425 BLUE STAR HIGHWAY QUINCY, FL 32352 **Current Mailing Address: New Mailing Address:** P. O. BOX 160 GRETNA, FL 32332 FEI Number: 59-3045454 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: POLLOCK, NATHANIEL HARRISON, MAYLIS G PASTOR 364 LINCÓLN DRIVE 511 UPTAIN RD CHATTAHOOCHEE, FL 32334 US QUINCY, FL 32352 US 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: MAYLIS G HARRISON 04/01/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ALLEN, JOHN Name: Name: RT 4 BOX 1106 Address: Address: City-St-Zip: QUINCY, FL 32351 City-St-Zip: Title: Title: () Delete () Change () Addition THOMAS, LONNIE Name: Name: Address: RT 1 BOX 50 Address: City-St-Zip: QUINCY, FL 32351 City-St-Zip: Title: () Delete Title: () Change () Addition MCMILLIAN, DARRYL Name: Name: Address: RTE. 4, BOX 249 Address: City-St-Zip: QUINCY, FL 32351 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: JACKSON, HARRY L Name: PETE, PAULINE Address: 723 E. S. ROAD Address: 1535 POST PLANT RD City-St-Zip: QUINCY, FL 32351 City-St-Zip: QUINCY, FL 32351 Title: () Delete Title: () Change () Addition ROBERTS, ALVIN SR Name: Name: **1943 ROB WAY** Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: (X) Change () Addition HARRISON, MAYLIS G PASTOR POLLOCK, NATHANIEL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

511 UPTAIN RD

QUINCY, FL 32352

SIGNATURE: MAYLIS G HARRISON PAST 04/01/2007