

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42005

FILED  
Jan 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

12425 BLUE STAR HIGHWAY  
QUINCY, FL 32352

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 160  
GRETNA, FL 32332

**New Mailing Address:**

**FEI Number:** 59-3045454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARRISON, MAYLIS G PASTOR  
511 UPTAIN RD  
QUINCY, FL 32352 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: D ( ) Delete  
Name: ALLEN, JOHN  
Address: RT 4 BOX 1106  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: THOMAS, LONNIE  
Address: RT 1 BOX 50  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: MCMILLIAN, DARRYL  
Address: RTE. 4, BOX 249  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: PETE, PAULINE  
Address: 1535 POST PLANT RD  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: ROBERTS, ALVIN SR  
Address: 1943 ROB WAY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete  
Name: HARRISON, MAYLIS G PASTOR  
Address: 511 UPTAIN RD  
City-St-Zip: QUINCY, FL 32352

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

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MAYLIS G. HARRISON

PAST

01/17/2009

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

\_\_\_\_\_  
Date