2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42204

FILED Mar 18, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 4599 WINTERGREEN RD GREENWOOD, FL 32442 **Current Mailing Address: New Mailing Address:** 4599 WINTERGREEN RD GREENWOOD, FL 32442 FEI Number: 59-3045191 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 HORNE, HORACE J 364 LINCÓLN DRIVE 3591 FLAT ROAD CHATTAHOOCHEE, FL 32334 GREENWOOD, FL 32443 US 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: HORACE J HORNE 03/18/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NIX. TERRY Name: Name: 1102 AGUTHA DRIVE Address: Address: City-St-Zip: DOTHAN, AL City-St-Zip: Title: Title: () Delete () Change () Addition Name: GROOMS, DARRYL Name: Address: 3568 FLAT RD Address: City-St-Zip: GREENWOOD, FL City-St-Zip: Title: () Delete Title: () Change () Addition HORNE, LIZZIE Name: Name: Address: 3591 FLAT RD Address: City-St-Zip: GREENWOOD, FL 32442 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HARDRICK, INEZ Name: Address: 159 BRYANT ST Address: City-St-Zip: COTTONWOOD, AL 36320 City-St-Zip: Title: () Delete Title: () Change () Addition NIX, ANNIE PEARL Name: Name: 1102 AGUTHA DRIVE Address: Address: City-St-Zip: DOTHAN, AL City-St-Zip: Title: () Delete Title: (X) Change () Addition HORNE, HORACE HORNE, HORACE Name: Name: Address: 3591 FLAT ROAD Address: 3591 FLAT ROAD GREENWOOD, FL GREENWOOD, FL 32443 City-St-Zip: City-St-Zip:

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.

SIGNATURE: HORACE J HORNE P 03/18/2007