


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49864</b> 1. Entity Name <b>UNITY CHURCH OF CHRIST WRITTEN IN HEAVEN INC.</b>	
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Principal Place of Business <b>319 N. E. 7TH AVENUE CRYSTAL RIVER, FL 34429 US</b>	Mailing Address <b>UNITY CHURCH OF CHRIST WRITTEN IN HEAVEN P.O. BOX 998 CRYSTAL RIVER, FL 34423 US</b>
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01132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3017454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**CLEVELAND, WILLIE  
73 NE 9TH AVENUE  
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE  
IN THIS SPACE**

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 *Willie Cleveland* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMSLEY, JIMMY D 1113 SE 1ST ST CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLEVELAND, WILLIE 73 NE 9TH AVENUE CRYSTAL BEACH, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, BOBBY L 3261 N. CHAMELEON POINT CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, FREDDIE 8465 NO. SHADY FORK WAY DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, LEON 855 N EAST 1 TER CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINER, DANIEL 1254 S ROCK CRUSHER ROAD HOMOSASSA, FL 34448

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U00000785159  
01/16/08-80085-004 70.00

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: *Willie Cleveland* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_