

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-13-1999 90021 031 *****61.25

DOCUMENT # N96000002654

1. Corporation Name
COMMUNITY CHURCH OF CHRIST WRITTEN IN HEAVEN OF
PERRINE, INC.

Principal Place of Business
10200 SOUTHWEST 171ST STREET
PERRINE FL 33157

Mailing Address
10200 SOUTHWEST 171ST STREET
PERRINE FL 33157



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/17/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0190780	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	INGRAHAM, JOSEPH T			1.2 NAME			
STREET ADDRESS	10200 SOUTHWEST 171ST STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	PERRINE FL 33157			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLEROY, ESTELL L			2.2 NAME			
STREET ADDRESS	10200 SOUTHWEST 171ST STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PERRINE FL 33157			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	INGRAHAM, CYNTHIA M			3.2 NAME			
STREET ADDRESS	10200 SOUTHWEST 171ST STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	PERRINE FL 33157			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, CATHY C			4.2 NAME			
STREET ADDRESS	10200 SOUTHWEST 171ST STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	PERRINE FL 33157			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] UZE MAJALAN Date: Jan 26/99 Daytime Phone #: 305-235-7210

CR2E037 (11/98)