2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# N98000002590

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

Current Principal Place of Business:

540 ELM AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 281
GRETNA, FL 32332

New Mailing Address:

FEI Number: 59-3553421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLLOMAN, MARY L
24 PARK STREET
GRETNA, FL 32332 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: HOLLOMAN, MARY L
Address: P.O. BOX 281
City-St-Zip: GRETNA, FL 32332

Title: D ( ) Delete
Name: ARMSTEAD, DAVID L
Address: 1234 MARTIN LUTHER KING BLVD
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: ABRAHAM, WILLIE
Address: 1027 CHURCH AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: ABRAHAM, BETTY
Address: 1027 CHURCH AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: DINKINS, LARRY
Address: 1406 S. BERTHE AVE #R-1
City-St-Zip: PANAMA CITY, FL 32409

Title: D ( ) Delete
Name: HOLLOMAN, LEE H
Address: P.O. BOX 281
City-St-Zip: GRETNA, FL 32332

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 for the exemption stated in Section 119.07(3)(i), 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: MARY HOLLOMAN PAST 03/08/2005

Electronic Signature of Signing Officer or Director — Date