

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002144**

1. Entity Name  
**FAISON TEMPLE CHURCH OF CHRIST WRITTEN IN  
HEAVEN, INC.**



Principal Place of Business  
**1001 OLD HIGHWAY 22  
WEWAHITCHKA, FL 32465**

Mailing Address  
**POST OFFICE BOX 779  
WEWAHITCHKA, FL 32465**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5540588**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMS, WALTER E  
711 E. 12TH STREET  
PANAMA CITY, FL 32401**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000665411  
03/23/07-80027-010 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WALTER E 711 E. 12TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, SHEILA 310 LINE STREET CHATTAHOOCHEE, FL 32324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUTIER, BARBARA 1894 HIGHWAY 381 WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DOROTHY 711 E 12TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUTIER, ROBERT 1894 HIGHWAY 381 WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Walter E. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/07

Date

(850) 769-0072

Daytime Phone #