

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2004
Secretary of State**

DOCUMENT# N42005

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

Current Principal Place of Business:

89 MAGNOLIA AVENUE
GRETNA, FL 32332

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 160
GRETNA, FL 32332

New Mailing Address:

FEI Number: 59-3045454 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POLLOCK, NATHANIEL
364 LINCOLN DRIVE
CHATTAHOOCHEE, FL 32334 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: CD () Delete
Name: ALLEN, JOHN,
Address: RT 4 BOX 1106
City-St-Zip: QUINCY, FL 32351

Title: TD () Delete
Name: THOMAS, LONNIE,
Address: RT 1 BOX 50
City-St-Zip: QUINCY, FL 32351

Title: TD () Delete
Name: MCMILLIAN, DARRYL,
Address: RTE. 4, BOX 249
City-St-Zip: QUINCY, FL 32351

Title: TD () Delete
Name: JACKSON, HARRY LEE,
Address: 723 E. S. ROAD
City-St-Zip: QUINCY, FL 32351

Title: TD () Delete
Name: ROBERTS, ALVIN SR
Address: 1943 ROB WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: P () Delete
Name: POLLOCK, NATHANIEL,
Address: 364 LINCOLN DR
City-St-Zip: CHATTAHOOCHEE, FL 32324

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
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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: JOHN ALLEN

CD

04/18/2004

Electronic Signature of Signing Officer or Director

Date