2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N42005

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

Current Principal Place of Business:

12425 BLUE STAR HIGHWAY
QUINCY, FL 32352

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 (X)**

Name and Address of Current Registered Agent:

HARRISON, MAYLIS G PASTOR
511 UPTAIN RD
QUINCY, FL 32352 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: ALLEN, JOHN
Address: RT 4 BOX 1106
City-St-Zip: QUINCY, FL 32351

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

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

Title: D ( ) Delete
Name: PETE, PAULINE
Address: 1535 POST PLANT RD
City-St-Zip: QUINCY, FL 32351

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

Title: P ( ) Delete
Name: HARRISON, MAYLIS G PASTOR
Address: 511 UPTAIN RD
City-St-Zip: QUINCY, FL 32352

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 exemption stated 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 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: MAYLIS G. HARRISON PAST 01/17/2009

Electronic Signature of Signing Officer or Director Date