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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N42005 (1)

1. Corporation Name  
TABERNACLE CHURCH OF CHRIST WRITTEN IN HEAVEN OF FLORIDA, INC.



Principal Place of Business Mailing Address  
P. O. BOX 160 GRETNA FL 32332 P. O. BOX 160 GRETNA FL 32332-0160

3. Date Incorporated or Qualified 02/11/1991 3a. Date of Last Report 03/21/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3045454 Applied For Not Applicable  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
24 Zip Country 29 Zip Country 30 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent POLLOCK, NATHANIEL 364 LINCOLN DRIVE CHATTAHOOCHEE FL 32334  
10. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE CD [ ] DELETE 1.1 TITLE D [ ] Change [X] Addition  
NAME ALLEN, JOHN 1.2 NAME MCCOY CHARLES  
STREET ADDRESS RT 4 BOX 1108 1.3 STREET ADDRESS 299 OAKVIEW DRIVE  
CITY-ST-ZIP QUINCY FL 32351 1.4 CITY-ST-ZIP TALLAHASSEE, FL. 32301  
TITLE TD [ ] DELETE 2.1 TITLE D [ ] Change [X] Addition  
NAME THOMAS, LONNIE 2.2 NAME MCCRAY, ALEXANDDER  
STREET ADDRESS RT 1 BOX 50 2.3 STREET ADDRESS P.O. BOX 24 N/A  
CITY-ST-ZIP QUINCY FL 32351 2.4 CITY-ST-ZIP GRETNA, FL. 32332  
TITLE TD [ ] DELETE 3.1 TITLE D [ ] Change [X] Addition  
NAME MCMILLIAN, DARRYL 3.2 NAME POLLOCK, JOSEPHINE  
STREET ADDRESS RTE. 4, BOX 249 3.3 STREET ADDRESS 364 LINCOLN DRIVE  
CITY-ST-ZIP QUINCY FL 32351 3.4 CITY-ST-ZIP CHATTAHOOCHEE, FL. 32324  
TITLE TD [ ] DELETE 4.1 TITLE D [ ] Change [X] Addition  
NAME JACKSON, HARRY LEE 4.2 NAME KIRKSEY, CAROLYN  
STREET ADDRESS 723 E. S. ROAD 4.3 STREET ADDRESS RT. 5 BOX 2777  
CITY-ST-ZIP QUINCY FL 32351 4.4 CITY-ST-ZIP TALLAHASSEE, FL. 32331  
TITLE TD [ ] DELETE 5.1 TITLE [ ] Change [ ] Addition  
NAME WILLIAMS, DANIEL 5.2 NAME  
STREET ADDRESS PO BOX 303 N A 5.3 STREET ADDRESS  
CITY-ST-ZIP GRETNA FL 32332 5.4 CITY-ST-ZIP  
TITLE P [ ] DELETE 6.1 TITLE [ ] Change [ ] Addition  
NAME POLLOCK, NATHANIEL 6.2 NAME  
STREET ADDRESS 364 LINCOLN DR 6.3 STREET ADDRESS  
CITY-ST-ZIP CHATTAHOOCHEE FL 32324 6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE: JOHN ALLEN REQUIRED 4/21/97 (904) 627-2418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0009290

CR2E037 (9/96)