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**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90090 039 \*\*\*\*61.25

0025593

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 714431**

1. Corporation Name

**CHURCH OF CHRIST WRITTEN IN HEAVEN, OF MIAMI, IN  
C.**

Principal Place of Business  
6110 N.W. 12TH AVE.  
MIAMI FL 33142

Mailing Address  
2020 NW 171 ST  
MIAMI FL 33054



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/11/1968

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD  
NAME BROWN, THOMAS BISHOP  
STREET ADDRESS 2020 NW 171 STREET  
CITY-ST-ZIP MIAMI FL 33054

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME MILLER, JERDY  
STREET ADDRESS 1202 NW 56 ST  
CITY-ST-ZIP MIAMI FL 33142

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME ROBINSON, ROSA  
STREET ADDRESS 773 N.W. 49TH STREET  
CITY-ST-ZIP MIAMI FL 33127

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE MD  
NAME MILLNER, MOTHER D.J.  
STREET ADDRESS 14720 BUCHANAN  
CITY-ST-ZIP RICHMOND HEIGHT FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD  
NAME MILLER, DEBORAH  
STREET ADDRESS 1201 NW 56 ST  
CITY-ST-ZIP MIAMI FL 33142

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME LASTER, PINKIE  
STREET ADDRESS 951 N.W. 48TH STREET  
CITY-ST-ZIP MIAMI FL 33127

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Jerry E. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)