

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002654

1. Entity Name

COMMUNITY CHURCH OF CHRIST WRITTEN IN HEAVEN OF
PERRINE, INC.

Principal Place of Business

Mailing Address

10200 SOUTHWEST 171ST STREET
PERRINE FL 33157

10200 SOUTHWEST 171ST STREET
PERRINE FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0190780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME INGRAHAM, JOSEPH T
STREET ADDRESS 10200 SW 171 ST
CITY-ST-ZIP PERRINE FL 33157 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME WHITE, CATHY C
STREET ADDRESS 10200 SOUTHWEST 171ST STREET
CITY-ST-ZIP PERRINE FL 33157 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME MCLEARY, ESTELL L
STREET ADDRESS 10200 SOUTHWEST 171ST STREET
CITY-ST-ZIP PERRINE FL 33157 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME INGRAHAM, CYNTHIA M
STREET ADDRESS 10200 SOUTHWEST 171ST STREET
CITY-ST-ZIP PERRINE FL 33157 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Joseph T. Ingraham

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90054 008 ****61.25



DO NOT WRITE IN THIS SPACE

0025089

CR2E037 (9/01)