FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # 714431 (4)

1. Corporation Name

CHURCH OF CHRIST WRITTEN IN HEAVEN OF MIAMI, INC

Principal Place of Business	Mailing Address
613 SHARAR AVENUE OPALOCKA FL 33054	613 SHARAR AVENUE OPALOCKA FL 33054

3. Date Incorporated or Qualified: 04/11/1968

3a. Date of Last Report: 03/31/1995

2. Principal Place of Business	2a. Mailing Address
21 6110 N.W. 12TH AVENUE	26 6110 N.W. 12TH AVENUE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
24 Zip 33127 / 25 Country U.S.A.	29 Zip 33127 / 30 Country U.S.A.

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRETT, STEVEN A
613 SHARAR AVENUE
OPALOCKA FL 33054

10. Name and Address of New Registered Agent

91 Name: CHURCH of CHRIST WRITTEN IN HEAVEN
BARRETT, STEVEN A.
92 Street Address (P.O. Box Number Is Not Acceptable): 6110 N.W. 12TH AVENUE
93
94 City: MIAMI. FL 85 Zip Code: 33127

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARRETT, STEVEN A 613 SHARAR AVE. OPALOCKA FL 33054	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HINES, REBECCA 2220 SERVICE ROAD OPALOCKA FL 33054	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBINSON, ROSA BELL 773 N.W. 49TH STREET MIAMI FL 33127	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCCLEAN, EDDIE 1175 N.W. 46TH STREET MIAMI FL 33127	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROYAL, BEATRICE 7804 N.W. 8TH COURT MIAMI FL 33127	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASTER, PINKIE 951 N.W. 48TH STREET MIAMI FL 33127	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD HINES, REBECCA 2220 SERVICE ROAD OPA LOCKA, FLORIDA 33054	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD BARRETT, STEVEN A. 613 SHARAR AVENUE OPA LOCKA, FL. 33054	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD ROBINSON, ROSA BELL 773 N.W.49TH STREET MIAMI, FL. 33127	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D MCCLAIN, EDDIE 1175 N.W. 46TH STREET MIAMI, FL. 33127	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D ROYAL, BEATRICE 7804 N.W. 8TH COURT MIAMI, FL. 33127	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D LASTER, PINKIE 951 N.W. 48TH STREET MIAMI, FL. 33127	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Steven Barrett 4-17-96 (305) 688-3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADDITIONS

SD
MILLER, DEBRA S.
1202 N.W. 56TH STREET
MIAMI, FL. 33142

D
CHATFIED, JAMES
1800 N.W. 135TH STREET
MIAMI, FL. 33167

D
WILSON, ANNIE RUTH
4125 N.W. 5TH AVENUE
MIAMI, FL. 33127