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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714431 (4)
1. Corporation Name
CHURCH OF CHRIST WRITTEN IN HEAVEN OF MIAMI, INC



Principal Place of Business 6110 N.W. 12TH AVE. MIAMI FL 33127	Mailing Address 6110 N.W. 12TH AVE. MIAMI FL 33127-1032
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/11/1968	3a. Date of Last Report 05/21/1996	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
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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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD NAME BARRRETT, STEVEN A STREET ADDRESS 613 SHARAR AVE. CITY-ST-ZIP OPALOCKA FL 33054	1.1 TITLE	PD NAME HINES, REBECCA STREET ADDRESS 2220 SERVICE ROAD CITY-ST-ZIP OPA LOCKA, FL. 33054
TITLE	PD NAME HINES, REBECCA STREET ADDRESS 2220 SERVICE ROAD CITY-ST-ZIP OPALOCKA FL 33054	2.1 TITLE	VD NAME BARRETT, STEVEN A. STREET ADDRESS 613 SHARAR AVENUE CITY-ST-ZIP OPA LOCKA, FL. 33054
TITLE	TD NAME ROBINSON, ROSA BELL STREET ADDRESS 773 N.W. 49TH STREET CITY-ST-ZIP MIAMI FL 33127	3.1 TITLE	TD NAME ROBINSON, ROSA BELL STREET ADDRESS 773 N.W. 49TH STREET CITY-ST-ZIP MIAMI, FL. 33127
TITLE	D NAME MCCLAIN, EDDIE STREET ADDRESS 1175 N.W. 46TH STREET CITY-ST-ZIP MIAMI FL 33127	4.1 TITLE	MCCLAIN, EDDIE NAME STREET ADDRESS 1175 N.W. 46TH STREET CITY-ST-ZIP MIAMI, FL. 33127
TITLE	D NAME ROYAL, BEATRICE STREET ADDRESS 7804 N.W. 8TH COURT CITY-ST-ZIP MIAMI FL 33127	5.1 TITLE	ROYAL, BEATRICE NAME STREET ADDRESS 7804 N.W. 8TH COURT CITY-ST-ZIP MIAMI, FL. 33127
TITLE	D NAME LASTER, PINKIE STREET ADDRESS 951 N.W. 48TH STREET CITY-ST-ZIP MIAMI FL 33127	6.1 TITLE	LASTER, PINKIE NAME STREET ADDRESS 951 N.W. 48TH STREET CITY-ST-ZIP MIAMI, FL. 33127

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:  DATE: _____ DAYTIME PHONE: 0028593

CR2E037 (9/96)

ADDITIONS

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

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

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