FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

(4)

CHURCH OF CHRIST WRITTEN IN HEAVEN OF MIAMI, INC , Principal Place of Business Mailing Address										
Principal Plac	e of Business	Mailing Address			1,300		******************	,, e.p., e.e., e)***** *** ****************************	
6110 N.W. 12TH AVE. MIAMI FL 33127		6110 N.W. 12TH AVE. MIAMI FL 33127		3. Date Incorporated or Qualified 04/11/1968 4. FEI Number Applied For						
2. Principal P	lace of Business	2a. Mailing Address			NO	<u>T APPLICABLE</u>			lot Applicable	
21		26			5. Certifica	te of Status Desired			Additional Required	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				Campaign Financin nd Contribution	9 🗆	\$5.00 Added	May Be to Fees	
City & Stat	6	City & State			7. Is this nonprofit corporation a homeowners association?					
Zip Country		7in	Zip Country			Yes No 8. This corporation owes or has paid the current year Intangible				
24	25	29	30			poration owes or na 1 Property Tax due J			ntangible No	
	9. Name and Address of Curre		11			nd Address of New		Agent		
			81	Name						
BARRETT, STEVEN A			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	ARAR AVENUE									
OPALOC	CKA FL 33054		83							
			84	City			FL	85 Zip	Code	
office or r agent. I a SIGNATURE	to the provisions of Sections 617.056 egistered agent, or both, in the State im familiar with, and accept the obliging signature, typed or printed name of registered ag	e of Florida. Such change was pations of, Section 617.0503, Fl	authorized by orlda Statute:	/ the corp 3.	corporation submits oration's board of corporation or corporation	s this statement for t directors. I hereby a	he purpose of ccept the app	changing ointment as	its registered s registered	
12.		ID DIRECTORS	13.			NS/CHANGES TO O		DIRECTO	RS IN 12	
TITLE	PD	· ·						Change	Addition	
NAME	HINES, REBECCA		1.2 NAME							
STREET ADDRESS	2220 SERVICE ROAD OPA LOCKA FL 33054		1.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	VD	DELETE		1.4 CITY-ST-ZIP 2.) TITLE				Change	Addition	
NAME	BARRETT, STEVEN A			2.2 NAME						
STREET ADDRESS	613 SHARAR AVENUE		2.3 STREET	ADDRESS						
CITY-ST-ZIP	OPA LOCKA FL 33054		2.4 CITY-ST-ZIP							
TITLE	TD DELETE		3.1 TITLE					☐ Change	☐ Addition	
NAME	ROBINSON, ROSA BELL		3.2 NAME							
STREET ADDRESS	773 N.W. 49TH STREET		3.3 STREET							
CITY-ST-ZIP TITLE	MIAMI FL 33127	₹ ₹ DELETE	3.4. CITY - : 4.1 TITLE	51 - ZIP		·	 	Change	A Addition	
NAME	MCCLAIN, EDDIE	Web percie	4. 2 NAME		IOUN BLI	320				
STREET ADDRESS	\$175 N.W. 46TH STREET			ADDRESS		W.19th C	ourt			
CITY-ST-ZIP	MIAMI FL 33127	4.		T-ZIP		LORIDA 3				
TITLE	D	DELETE .						Change	Addition	
NAME	117 117 117 117 117 117 117 117 117 117		5.2 NAME						:	
STREET ADDRESS	1 3		5.3 STREET		\$ 					
CITY-ST-ZIP			5.4 CITY- S	1-ZIP				Change	Addition	
TITLE	D Laster, pinkie	ר"ו הנרנוך	6.1 TITLE					— ∩wilå8	FT ADDITION	
NAME Street address	951 N.W. 48TH STREET		6.2 NAME 6.3 STREET	ADDRESS						

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.

SIGNATURE:

£ 4-23-98

305-688-3607

May 19 1998 8:00am

Secretary of State

SD

MILLER, DEBRA S. 1202 N.W. 56th Street Miami, Florida 33142

D

CHATFIELD, JAMES 1800 N.W. 135th Street Miami, Florida 33167

D

WILSON, ANNIE RUTH 4125 N.W. 5th Avenue Miami, Florida 33127