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FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

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

FILED
00 AUG 24 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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~~
2971 N.W. 83 Ter
Miami, FL
33147

2. Principal Place of Business (21): Same
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): 2971 N.W. 83 Terr
Suite, Apt. #, etc. (27):
City & State (28): Miami, FL
Zip (29): 33147 Country (30): USA

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 Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWN, THOMAS BISHOP
2020 NW 171 ST
MIAMI FL 33054
Delete

10. Name and Address of New Registered Agent

81 Name: Anthony Turner (Pastor)
82 Street Address (P.O. Box Number is Not Acceptable): 2971 N.W. 83rd Ter
83:
84 City: Miami FL 85 Zip Code: 33147

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: Pastor Anthony J. Turner Board Chairman. DATE: 8/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	Pastor + Chairman	☐ Change ☑ Addition
NAME	BROWN, THOMAS BISHOP		1.2 NAME	Anthony J. Turner	
STREET ADDRESS	2020 NW 171 STREET		1.3 STREET ADDRESS	2971 N.W. 83 Ter	
CITY-ST-ZIP	MIAMI FL 33054		1.4 CITY-ST-ZIP	Miami, FL 33147	
TITLE	VD	☑ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME	MILLER, JERDY		2.2 NAME	Steven Barrett	
STREET ADDRESS	1202 NW 56 ST		2.3 STREET ADDRESS	613 Sharai Ave	
CITY-ST-ZIP	MIAMI FL 33142		2.4 CITY-ST-ZIP	Miami, FL 33054	
TITLE	TD	☑ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	ROBINSON, ROSA		3.2 NAME	Rebecca Hines	
STREET ADDRESS	773 N.W. 49TH STREET		3.3 STREET ADDRESS	2220 Service Road	
CITY-ST-ZIP	MIAMI FL 33127		3.4 CITY-ST-ZIP	OPA Locka, FL 33054	
TITLE	MD	☑ DELETE	4.1 TITLE	▷ Joseph A. Bryan	☐ Change ☑ Addition
NAME	MILLNER, MOTHER D.J.		4.2 NAME	20930 N.W. 30th Ave	
STREET ADDRESS	14720 BUCHANAN		4.3 STREET ADDRESS	Miami, FL 33056	
CITY-ST-ZIP	RICHMOND HEIGHT FL		4.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME	MILLER, DEBORAH		5.2 NAME	Annie Ruth Wilson	
STREET ADDRESS	1201 NW 56 ST		5.3 STREET ADDRESS	4125 N.W. 57th Ave	
CITY-ST-ZIP	MIAMI FL 33142		5.4 CITY-ST-ZIP	Miami, FL 33127	
TITLE	D	☐ DELETE	6.1 TITLE	Director	☐ Change ☑ Addition
NAME	LASTER, PINKIE		6.2 NAME	Iola Eliard	KE
STREET ADDRESS	951 N.W. 48TH STREET		6.3 STREET ADDRESS	16521 N.W. 19th ct.	
CITY-ST-ZIP	MIAMI FL 33127		6.4 CITY-ST-ZIP	OPA Locka FL 33054	

CR2E037 (11/98)

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.

Delete

SIGNATURE: ~~Jerdy E. Miller~~ REQUIRED ~~Jerdy E. Miller~~ 2/11/99 305-751-1912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Anthony J. Turner, Pastor 8/22/00 (305) 691-5450
(305) 638-6001