2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90072 023 ****70.00

DOCUMENT # 714431

1. Entity Name

CHURCH OF CHRIST WRITTEN IN HEAVEN, OF MIAMI, IN C.

Principal Place of Business	Mailing Address
6110 N.W. 12TH AVE. MIAMI FL 33127 US	2971 N.W. 83 TERRACE MIAMI FL 33147 US

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ 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
TURNER, ANTHONY 2971 N.W. 83RD TERR. MIAMI FL 33147	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PC TURNER, ANTHONY J 2971 N.W. 83 TERR. MIAMI FL 33147	☐ Delete	D Larry Miller 7021 N.W. 6th Ct. Miami, FL 33150	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRETT, STEVEN 613 SHARAI AVE MIAMI FL 33054	☐ Delete	D ~~Joseph Bryan~~ ~~20930 N.W. 30 Ave~~ ~~Miami, FL 33056~~ already listed ☐ Change ☑ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINES, REBECCA 2220 SERVICE ROAD OPA LOCKA FL 33054	☐ Delete	D Barbara Florence 1831 N.W. 46 st. Miami, FL 33142	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN, JOSEPH A 20930 N.W. 30TH AVE. MIAMI FL 33056	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIARD, IOLA 16521 N.W. 19TH CT. OPA LOCKA FL 33054	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nathan McCall 16520 N.W. 18th Ave Miami, FL 33054	☐ Delete ☑ Addition		☐ Change ☐ Addition

CR2E037 (9/01)

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: Anthony Turner ANTHONY TURNER 4/22/02 (305) 638-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #