2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# 714431

Entity Name: CHURCH OF CHRIST WRITTEN IN HEAVEN, OF MIAMI, INC.

Current Principal Place of Business:

6110 N.W. 12TH AVE.
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

1110 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, BISHOP T
1110 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BROWN, THOMAS SB	
Address:	1110 WEST 8TH STREET	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	VD	( ) Delete
Name:	BARRETT, STEVEN	
Address:	613 SHARAI AVE	
City-St-Zip:	MIAMI, FL 33054	
Title:	D	( ) Delete
Name:	HINES, REBECCA	
Address:	2220 SERVICE ROAD	
City-St-Zip:	OPA LOCKA, FL 33054	
Title:	D	( ) Delete
Name:	LASTER, PINKIE	
Address:	951 NW 48TH STREET	
City-St-Zip:	MIAMI, FL 33127	
Title:	D	( ) Delete
Name:	ELIARD, IOLA	
Address:	16521 N.W. 19TH CT.	
City-St-Zip:	OPA LOCKA, FL 33054	
Title:	D	( ) Delete
Name:	ROBINSON, ROSA	
Address:	773 NW 49TH STREET	
City-St-Zip:	MIAMI, FL 33127	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BROWN, SB PD 01/20/2004

Electronic Signature of Signing Officer or Director — Date