NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 27 PM 2:34

DOCUMENT # 714431

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

200013148792
02/27/03--01017--006 **70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6110 N.W. 12th Avenue	1110 West 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Jacksonville, Florida 32209
Zip: 33127 / Country	Zip / Country

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bishop Thomas Brown

Street Address (P.O. Box Number is Not Acceptable): 1110 West 8th Street

City: Jacksonville **FL** Zip Code: 32209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Bishop Thomas Brown — 02/24/03 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SENIOR BISHOP THOMAS BROWN 1110 WEST 8TH STREET JACKSONVILLE, FLORIDA 32209
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEVEN BARRETT 613 SHARAR AVENUE OPA LOCKA, FLORIDA 33054
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REBECCA HINES 2220 SERVICE ROAD OPA LOCK, FLORIDA 33054
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINKIE LASTER 951 NW 48TH STREET MIAMI, FLORIDA 33127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IOLA ELIARD 16521 N W 19TH COURT OPA LOCKA, FLORIDA 33054
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSA ROBINSON 773 NW 49TH STREET MIAMI, FLORIDA 33127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Barrett — 02/24/03 — 305-688-3607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #