

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90052 007 \*\*\*\*61.25

**DOCUMENT # 724953**

1. Entity Name

**THE CHURCH OF CHRIST WRITTEN IN HEAVEN, OF FLORI**

Principal Place of Business

Mailing Address

% ELDER THOMAS BROWN, PASTOR  
 1430 KINGS ROAD  
 JACKSONVILLE FL 32209

% ELDER THOMAS BROWN, PASTOR  
 1430 KINGS ROAD  
 JACKSONVILLE FL 32209-6255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1869143**

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

**GREEN, DEACON GEORGE**  
**ROUTE 1**  
**SOPCHOPPY FL 32358**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, BISHOP THOMAS</b>	NAME	
STREET ADDRESS	<b>1110 W. 8TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>BD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLAR, BISHOP C.(BISHOP</b>	NAME	
STREET ADDRESS	<b>1263 DANIEL STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WAYCROSS GA</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLINER, BISHOP D.J.</b>	NAME	
STREET ADDRESS	<b>14720 BUCHANAN STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND HEIGHTS FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, DEACON GEORGE F.</b>	NAME	
STREET ADDRESS	<b>ROUTE 1</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SOPCHOPPY FL</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, MADELINE</b>	NAME	
STREET ADDRESS	<b>835 NW 63RD ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Thomas Brown **THOMAS BROWN** 2-14-2000 90#3550130  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)