

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90086 046 ****61.25

DOCUMENT # N00000004577

1. Entity Name

THE CHURCH OF CHRIST WRITTEN IN HEAVEN, OF GOULD

Principal Place of Business

Mailing Address

11760 SW 220 STREET
 GOULDS FL 33170

11760 SW 220 STREET
 GOULDS FL 33170

00008903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1020994

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

MAAS, JOHN P
 44 N.E. 16TH STREET
 HOMESTEAD FL 33030

Name **DANIEL L. ADAMS**

Street Address (P.O. Box Number is Not Acceptable)

12414 SW 259 STREET

City **HOMESTEAD**

FL

Zip Code
 33032

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] **DANIEL L. ADAMS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JANUARY 14, 2001

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 Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **P CLARA M. MILLNER**
 STREET ADDRESS **14720 BUCHANAN STREET**
 CITY-ST-ZIP **MIAMI, FLA, 33176**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **T DOROTHY SHARPE**
 STREET ADDRESS **21811 S.W. 112 AVE.**
 CITY-ST-ZIP **MIAMI, FLA, 33170**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Roy Clarke**
 STREET ADDRESS **11850 SW 177 TER**
 CITY-ST-ZIP **MIAMI, FLA, 33170**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D NORMAN HODGE**
 STREET ADDRESS **411 SW 7TH AVE.**
 CITY-ST-ZIP **HOMESTEAD, FLA, 33030**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: CLARA M. MILLNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 305-235-4226

Date Daytime Phone #

CR2E037 (10/00)