

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90080 014 \*\*\*\*70.00

**DOCUMENT # N00000004577**

1. Entity Name

**THE CHURCH OF CHRIST WRITTEN IN HEAVEN, OF GOULD S, FLORIDA, INC.**

Principal Place of Business

Mailing Address

11760 SW 220 STREET  
 GOULDS FL 33170

11760 SW 220 STREET  
 GOULDS FL 33170

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

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

ADAMS, DANIEL  
 12414 SW 259 ST  
 HOMESTEAD FL 33032

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)

02-20-02  
 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	MILLNER, CLARA M	14720 BUCHANAN ST	MIAMI FL 33176	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	SHARPE, DOROTHY	21811 SW 112TH AVE	MIAMI FL 33170	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CLARKE, ROY	11850 SW 177 TERR	MIAMI FL 33170	<input checked="" type="checkbox"/>	D	Judith Adams	12414 SW 259th Street	Homestead FL 33032	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	HODGE, NORMAN	411 SW 7TH AVE	HOMESTEAD FL 33030	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 QUINARA M. MILLNER 2/18/02 305 235 4224  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)