

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90055 044 ****61.25

DOCUMENT # 743494



1. Entity Name
GOLDEN HEIGHTS CHURCH OF CHRIST, INC.

Principal Place of Business

**2051 NW 31ST AVENUE
P.O. BOX 5488
FT LAUDERDALE FL 33310**

Mailing Address

**2051 NW 31ST AVENUE
P.O. BOX 5488
FT LAUDERDALE FL 33310**

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 **59-2211625**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASHINGTON, W. F.
3337 N.W. 22ND STREET
FT. LAUDERDALE FL 33311**

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

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 Florida 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	PD WASHINGTON, W.F. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, W.F.	NAME	
STREET ADDRESS	P. O. BOX 5488, N/A	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, PEARLMAN	NAME	
STREET ADDRESS	3271 NW 14TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTLES, WALTER	NAME	
STREET ADDRESS	2200 NW 44TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAZIEL, RICHARD	NAME	
STREET ADDRESS	3164 NW 40TH COURT	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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	
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: _____

SIGNATURE REQUIRED

[Handwritten Signature]

CR2E037 (10/02)