

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00563 (9)

1. Corporation Name

SEARCHLIGHT FOR CHRIST MINISTRIES, INC.

Principal Place of Business

**13720 NW 22 AVE
OPA LOCKA FL 33054
US**

Mailing Address

**PO BOX 54-0966
OPA LOCKA FL 33054
US**



3. Date Incorporated or Qualified
12/23/1983

3a. Date of Last Report
02/14/1995

4. FEI Number

59-2438440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**HOWARD, ELOISE
15211 NW 18TH AVE.
OPA-LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state it is acceptable.

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
HOWARD, ELOISE J.
15211 NW 18TH AVE.
OPA-LOCKA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
PHILLIPS, MILDRED
18321 WASHINGTON, ST.
OPA-LOCKA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TD
HOWARD, GARRETT
15211 NW 18TH AVE.
OPA-LOCKA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
GLASS, THOMAS J., JR.
2617 N.W. 47TH TERR.
LAUDERDALE LAKES FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
PRINCE, MICHAEL
2551 NW 152ND ST.
OPA-LOCKA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
GLASS, SANDRA
2617 N.W. 47TH TERR.
LAUDERDALE LAKES FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eloise Howard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eloise Howard

2-15-96
Date

305-769-3844
Daytime Phone #

037 (12/95)