

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90017 019 \*\*\*\*61.25

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**DOCUMENT # N00563**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/23/1983

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOWARD, ELOISE J.  
STREET ADDRESS 15211 NW 18TH AVE.  
CITY-ST-ZIP OPA-LOCKA FL

TITLE SD ☐ DELETE

NAME PHILLIPS, MILDRED  
STREET ADDRESS 18321 WASHINGTON, ST.  
CITY-ST-ZIP OPA-LOCKA FL

TITLE TD ☐ DELETE

NAME HOWARD, GARRETT  
STREET ADDRESS 15211 NW 18TH AVE.  
CITY-ST-ZIP OPA-LOCKA FL

TITLE D ☐ DELETE

NAME GLASS, THOMAS J., JR.  
STREET ADDRESS 2617 N.W. 47TH TERR.  
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE D ☐ DELETE

NAME PRINCE, MICHAEL  
STREET ADDRESS 2551 NW 152ND ST.  
CITY-ST-ZIP OPA-LOCKA FL

TITLE D ☐ DELETE

NAME GLASS, SANDRA  
STREET ADDRESS 2617 N.W. 47TH TERR.  
CITY-ST-ZIP LAUDERDALE LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

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

**REQUIRED**

3-30-99 (365) 688-8890

Date

Daytime Phone #

-CR2E037 (11/98)