

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

08-15-2002 90048 032 \*\*\*\*\*61.25

974518



DO NOT WRITE IN THIS SPACE

DOCUMENT # N00563

1. Entity Name

SEARCHLIGHT FOR CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address

13720 NW 22 AVE  
OPA LOCKA FL 33054  
US

PO BOX 540966  
OPA LOCKA FL 33054  
US

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

59-2438440

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

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

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

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

JEAN PHILLIPS, MILDRED

262 N.E. 141ST ST

MIAMI FLA. 33161

☒

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

GLASS, Thomas J, Jr.

2405 N.W. 116TH TERRACE

CORAL SPRINGS FLA. 33065

☒

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

GLASS, SANDRA

2405 N.W. 116TH TERRACE

CORAL SPRINGS, FLA. 33065

☒

Change

☐

Addition

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: ELOISE HOWARD

8-18-02

305-688-8890