## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address,

SIGNATURE:

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with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELOISE

HOWARD

## Mar 22, 2004 8:00 am Secretary of State DOCUMENT # N00563 1. Entity Name 3-22-2004 90302 026 \*\*\*\*70.00 SEARCHLIGHT FOR CHRIST MINISTRIES, INC. Principal Place of Business Mailing Address PO BOX 54-0966 13720 NW 22 AVE 54021125 OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2438440 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOWARD, ELOISE Street Address (P.O. Box Number is Not Acceptable) 15211 NW 18TH AVE. OPA-LOCKA FL 33054 City 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. † am familiar with, and accept the obligations of registered agent. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition HOWARD, ELOISE J. NAME 15211 NW 18TH AVE. STREET ADDRESS STREET ADDRESS OPA-LOCKA FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE PHILLIPS, MILDRED NAME NAME 262 NE 141ST ST STREET ADDRESS STREET ADDRESS MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP TD Change Addition ☐ Delete TITLE TITLE HOWARD, GARRETT NAME NAME 15211 NW 18TH AVE. STREET ADDRESS STREET ADDRESS OPA-LOCKA FL CITY-ST-ZIP C/TY-ST-7/P TIRE ☐ Delete TITLE Change ☐ Addition GLASS, THOMAS J., JR. NAME NAME 2405 NW 116TH TERRACE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PRINCE, MICHAEL NAKKE 2551 NW 152ND ST. STREET ADDRESS STREET ADDRESS OPA-LOCKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition GLASS, SANDRA NAME NAME 24005 NW 116TH TERRACE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-7IP 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

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