


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90017 031 \*\*\*\*61.25

<b>DOCUMENT # N00563</b>	
1. Entity Name <b>SEARCHLIGHT FOR CHRIST MINISTRIES, INC.</b>	

Principal Place of Business <b>13720 NW 22 AVE OPA LOCKA FL 33054 US</b>	Mailing Address <b>PO BOX 54-0966 OPA LOCKA FL 33054 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State
Zip	Country

4. FEI Number <b>59-2438440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HOWARD, ELOISE 15211 NW 18TH AVE. OPA-LOCKA FL 33054</b>	
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7. Name and Address of New Registered Agent Name <b>ELOISE HOWARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>9330 Sunrise Lakes Blvd #101</b> <b>Sunrise, FL</b> City <b>FL</b> Zip Code <b>33322</b>	
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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 <b>Eloise Howard</b>	<b>Eloise Howard</b>	DATE <b>07-7-06</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, ELOISE J. 15211 NW 18TH AVE. OPA-LOCKA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, MILDRED 262 NE 141ST ST MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, GARRETT 15211 NW 18TH AVE. OPA-LOCKA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, THOMAS J., JR. 2405 NW 116TH TERRACE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, MICHAEL 2551 NW 152ND ST. OPA-LOCKA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, SANDRA 24005 NW 116TH TERRACE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9330 Sunrise Lakes Blvd, #101 Sunrise, FL 33322</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <b>Eloise Howard</b>	<b>ELOISE HOWARD</b>	DATE <b>3-7-06</b>	<b>254-578-1991</b>
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