

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90148 009 ****61.25

DOCUMENT # N00563

1. Entity 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

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HOWARD, ELOISE J.	15211 NW 18TH AVE.	OPA-LOCKA FL	<input type="checkbox"/>
SD	PHILLIPS, MILDRED	262 NE 141ST ST	MIAMI FL 33161	<input type="checkbox"/>
TD	HOWARD, GARRETT	15211 NW 18TH AVE.	OPA-LOCKA FL	<input type="checkbox"/>
D	GLASS, THOMAS J., JR.	2405 NW 116TH TERRACE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
D	PRINCE, MICHAEL	2551 NW 152ND ST.	OPA-LOCKA FL	<input type="checkbox"/>
D	GLASS, SANDRA	24005 NW 116TH TERRACE	CORAL SPRINGS FL 33065	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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:

Signature of ELOISE J. HOWARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER
ELOISE J. HOWARD 1-8-03 305.688.8890