

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 30 AM 9:06**

**DOCUMENT # N46500 (7)**

1. Corporation Name  
**GOLDEN HEIGHTS MULTI-CRISIS CENTER, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 5488 FORT LAUDERDALE FL 33310**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/18/1991</b>                                                                                                         | 3a. Date of Last Report<br><b>03/15/1994</b>                                       |
| 4. FEI Number<br><b>16-2320178</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required                                              |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be Added to Fees                                                 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>                                                                                  | <b>\$68.75</b> Supplemental Fee Not Required                                       |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                    |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

9. Name and Address of Current Registered Agent

**ROSENTHAL, STUART S.  
800 E CYPRESS CREEK RD  
SUITE 303  
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WASHINGTON, W.F.                     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2051 MARTIN L. KING BLVD             | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LAUDERDALE LAKES FL                  | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VD                                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BRAZEL, RICHARD                      | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2051 MARTIN L. KING BLVD             | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LAUDERDALE LAKES FL                  | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | TD                                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAKER, WILLIE                        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2051 MARTIN L. KING BLVD.            | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LAUDERDALE LAKES FL                  | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | SD                                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROSENTHAL, STUART S                  | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 800 EAST CYPRESS CREEK ROAD, STE 303 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33334             | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                      | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in 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 of this filing. I am attaching herewith an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Name)