

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Moam
Secretary of State
DIVISION OF CORPORATIONS

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 33310P.O. BOX 5488
FORT LAUDERDALE FL 33310-543. Date Incorporated or Qualified
12/18/19913a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

City

24

25

29

30

4. FEI Number
16-2320178Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

1. Name

Rosenthal, Stuart S.

2. Street Address (P.O. Box Number is Not Acceptable)

555 Southwest 12th Avenue

3.

Pompano Beach, FL 33069

4.

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME WASHINGTON, W.F.
STREET ADDRESS 2051 MARTIN L. KING BLVD
CITY-ST-ZIP LAUDERDALE LAKES FL1.1. ☐ Change ☐ AdditionTITLE VD ☐ DELETENAME BRAZEL, RICHARD
STREET ADDRESS 2051 MARTIN L. KING BLVD
CITY-ST-ZIP LAUDERDALE LAKES FL1.2. ☐ Change ☐ AdditionTITLE TD ☐ DELETENAME BAKER, WILLIE
STREET ADDRESS 2051 MARTIN L. KING BLVD.
CITY-ST-ZIP LAUDERDALE LAKES FL1.3. ADDRESS ☐ Change ☐ AdditionTITLE SD ☐ DELETENAME ROSENTHAL, STUART S
STREET ADDRESS 800 EAST CYPRESS CREEK ROAD, STE 303
CITY-ST-ZIP FORT LAUDERDALE FL 333342.1. ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.2. ADDRESS ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.3. ADDRESS ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 file this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

1/13/97

954-735-6701

Date

Daytime Phone # 0035985

CR2E037 (9/96)