

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46500

FILED  
Sep 08, 2006  
Secretary of State

**Entity Name:** GOLDEN HEIGHTS MULTI-CRISIS CENTER, INC.

**Current Principal Place of Business:**

P.O. BOX 5488  
FORT LAUDERDALE, FL 33310

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5488  
FORT LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 16-2320178      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROSENTHAL, STUART S  
555 SW 12TH AVE  
POMPANO BEACH, FL 33069      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WASHINGTON, W.F.,  
Address: 2051 MARTIN L. KING BLVD  
City-St-Zip: LAUDERDALE LAKES, FL

Title: VD      ( ) Delete  
Name: LARRY SIMMONS,  
Address: 2051 MARTIN L. KING BLVD  
City-St-Zip: LAUDERDALE LAKES, FL

Title: TD      ( ) Delete  
Name: EWERS, OSWALD  
Address: 2051 MARTIN L. KING BLVD.  
City-St-Zip: LAUDERDALE LAKES, FL

Title: SD      ( ) Delete  
Name: ROSENTHAL, STUART S  
Address: 555 SW 12THAVE  
City-St-Zip: POMPANO BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. F. WASHINGTON

OD

09/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date