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Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT •  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003064 (3)

1. Corporation Name

CHURCH OF THE HIGHER LIGHT INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

4000 N ST R #7  
STE 406 C33319  
LAUDERDALE LAKES FL 33069  
US1580 NW 17 PLACE  
POMPANO BEACH FL 33069-16133. Date Incorporated or Qualified  
07/09/19933a. Date of Last Report  
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1533 NW 7 Lane

22 City &amp; State

27 Pompano Beach

23 Zip

Country

28 Zip

Country

24

25

29 33060

30

4. FEI Number  
65-0422164Applied For  
Not Applicable

5. Certificate of Status Desired

8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution5.00 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

GREY, JOSEPH  
1580 NW 17 PLACE  
POMPANO BEACH FL 33069

81 Name

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

83

84 City

FL

85 Zip Code

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME GREY, JOSEPH  
STREET ADDRESS 1580 NW 17 PLACE  
CITY-ST-ZIP POMPANO BEACH FL 330691.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D  
NAME WILSON, DARVIN  
STREET ADDRESS 9180 NW 21 MANOR  
CITY-ST-ZIP SUNRISE FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D  
NAME WILSON, CYNTHIA  
STREET ADDRESS 9180 NW 21 MANOR  
CITY-ST-ZIP SUNRISE FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME BROOKS, BRENDA  
STREET ADDRESS 934 NW 1ST AVE #4  
CITY-ST-ZIP SUNRISE FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME GREY, IRIS  
STREET ADDRESS 1580 NW 17 PLACE  
CITY-ST-ZIP POMPANO FL 330695.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME STEELE, ANNIE L  
STREET ADDRESS 1416 NW 7 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 333116.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025802

CR2E037 (9/96)