

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90009 002 ****61.25

DOCUMENT # N93000003064

1. Corporation Name

CHURCH OF THE HIGHER LIGHT INTERNATIONAL, INC.

Principal Place of Business

4000 N ST R #7
STE 406 C33319
LAUDERDALE LAKES FL 33069
US

Mailing Address

1533 NW 7 LANE
POMPANO BEACH FL 33060
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/09/1993

4. FEI Number

65-0422164

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREY, JOSEPH
1580 NW 17 PLACE
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

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

TITLE D
NAME GREY, JOSEPH
STREET ADDRESS 1580 NW 17 PLACE
CITY-ST-ZIP POMPANO BEACH FL 33069

☐ DELETE

TITLE D
NAME WILSON, DARVIN
STREET ADDRESS 9180 NW 21 MANOR
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE D
NAME WILSON, CYNTHIA
STREET ADDRESS 9180 NW 21 MANOR
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE D
NAME BROOKS, BRENDA
STREET ADDRESS 934 NW 1ST AVE #4
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE D
NAME GREY, IRIS
STREET ADDRESS 1580 NW 17 PLACE
CITY-ST-ZIP POMPANO FL 33069

☐ DELETE

TITLE D
NAME STEELE, ANNIE L
STREET ADDRESS 1416 NW 7 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.3.99 786 0120
Date Daytime Phone #

CR2E037 (11/98)