2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Mar 15, 2002 8:00 am Secretary of State DOCUMENT # N93000003064 1. Entity Name 03-15-2002 90015 027 ****61.25 CHURCH OF THE HIGHER LIGHT INTERNATIONAL. INC. Principal Place of Business Mailing Address 1533 NW 7 LANE 4000 N ST R #7 STE 406 C33319 POMPANO BEACH FL 33060 LAUDERDALE LAKES FL 33069 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0422164 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREY, JOSEPH 1580 NW 17 PLACE POMPANO BEACH FL 33069 Zip Code - ~ 8. 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ë 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete ☐ Change Addition CR2E037 (9/01) TITLE TITLE NAME Grey, Joseph NAME STREET ADDRESS STREET ADDRESS 1580 NW 17 PLACE CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33069 TITLE ☐ Change ☐ Addition ☐ Delete TITLE WILSON, DARVIN NAME STREET ADDRESS STREET ADDRESS 9180 NW 21 MANOR CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Delete ☐ Change Addition TITLE WILSON, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 9180 NW 21 MANOR CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL Change ■ Addition ☐ Delete TITLE TITLE NAME BROOKS, BRENDA NAME STREET ADDRESS STREET ADDRESS 934 NW 1ST AVE #4 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL Change ☐ Addition 🔲 Delete. TITLE GREY, IRIS NAME NAME STREET ADDRESS STREET ADDRESS 1580 NW 17 PLACE CITY-ST-7IP CITY-ST-ZIP POMPANO FL 33069 ☐ Addition ☐ Change TITL F ☐ Delete TITLE NAME STEELE, ANNIE L NAME STREET ADDRESS STREET ADDRESS 1416 NW 7 AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE_FL 33311 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if