


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000002039</b>	
1. Entity Name HIGHER PRAISE MINISTRIES OF LAKE WALES, INC.	

Principal Place of Business 126 SOUTH WETMORE LAKE WALES, FL 33853	Mailing Address 2446 3RD STREET N.E. WINTER HAVEN, FL 33881
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 86-1092919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LONDON, HAROLD L  
2446 3RD STREET N.E.  
WINTER HAVEN, FL 33881

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000761920  
05/25/07-80075-014 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PARKER, RALPH 920 FLORIDA AVE DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BROWN, HERBERT 406 AVENUE Y N.E. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LEGGITT, GRANT 3339 CRANEY ST WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T LONDON, JULIA 312 ULRICH AVENUE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP LONDON, GLORIA 2446 3RD ST NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold London* *Harold London* **5-1-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #