FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000000703 (6) DOCUMENT #

HIGH HOSANNA MINISTRIES INC.

APPROVED AND FILED

1997 OCT -2 AM 2: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

|--|--|

Principal Place	e of Business		Ma	ailing Address			···	T ENGLISON DED EDITO NELLE NORTH NORTH NORTH NORTH NORTH SURFIC NORTH STATE ST		
24715 STATE RO	OAD 26		POS	T OFFICE BOX 167						
MELROSE FL 32				ROSE FL 32666-0167						
								3. Date Incorporated or Qualified 3a. Date of Last Report		
								02/06/1996 2/6/96		
2. Principal Pl	lace of Busine	oss	2a.	Mailing Address				4. FEI Number Applied For		
21 2471	5.33	(Pd. 26	26	C.D. Box	167			A 59 -338594/ Not Applicable		
Sulte, Apt.				Suite, Apt. #, etc.				SR 75 Additional		
22			27					5. Certificate of Status Desired Fee Required		
City & State	•	n		City & State				6. Election Campaign Financing \$5.00 May Be		
23 Mel(OSE	<u>ria.</u>	28	Melrose	, 7-6.			Trust Fund Contribution Added to Fees		
Zip		ล <i>์ บ.ร.ค</i> .	\vdash	City & State Melvose, Zip 32666	Coun	try C	4	8. This corporation has liability for intangible tax under s. 199.032,		
24 3366	1		[29]	32666	30	<u> </u>	.17	Florida Statutes Yes X No		
9. Name and Address or Current Registered Agent 81 Name								10, Hame and Hadres of Hotel Hogistolet Highli		
ATT = 1.0						' Nan	ie.			
	s, Jessie J	**			1	32 Stre	et Addr	fress (P.O. Box Number is Not Acceptable)		
1	TATE ROAD	26			ļ.	33				
MELROSI	E FL 32666					2		٠,		
					1	34 City		85 Zip Code		
44 Durayant	to the province	of Captions 617.00	00 224 5	17 1500 Florida Ctat	lon the ob		- d	FL 35 zp code		
office or re	egistered age	int, or both, in the Sta	to of Floric	la. Such change was	authorized	by the c	orporati	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
agent. I ar			71.4		orida Statu	tes.		0 4 15 1007		
SIGNATURE _	Stingure, typed o	r printed to se of registered a	anni and tilla	COLV	F Floristand	Agent signal	ure require	ried when reinstating) Sapt. 15 1997		
12.	7	OFFICERS A			13.	- gon a gria	ore regard	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P			DELETE	1.1 TITL	E		President General Addition		
NAME	Jessi	c J. 51	SOCK	S	1.2 NAN	ŧE -		Jessie J. STEURNS		
STREET ADDRESS	P.O.	c J. 516 Box 167 <u>2</u>	4715	s. R. 26	1.3 STR	EET ADDRES	s 2	24715 S.R.Z6		
CITY-ST-ZIP	Mak	nose Ola.	33	116 -	14 (17)	-ST-ZIP	1	Melrose IFC. 32666 VICE PRESIDENT Schange Addition		
	. / 🔼			1' I DELETE	2.1 TITL	E				
NAME		Johannie c	mod	b	2.2 NAN	1E -	T 7	Tohnwie Smith		
STREET ADDRESS	7	Johannie S			2.3 STR	EET ADDRES	s 3	574 MARION ST.		
CITY-ST-ZIP	Y	belrose 7	14. 7	32666	2. 4 CIT	Y-ST-ZIP	F	T. Myers, Fl. 33905 Secretary / Tresurer I Change Addition		
TITLE	3/1			DELETE	3.1 TITL	F				
NAME	\ . We	nu Stevens	1		3.2 NAN	IE -	T "	MARY STEVENS		
STREET ADDRESS	一节	3.6. Box 16	7 /		3.3 STR	eet addres	s 2	24715 5.R. Z4		
CITY-ST-ZIP	<u> </u>	Nelson H	A 3	2666	3.4. CIT	y - ST - ZIP	1	nelrose, FL. 32666 Change Addition		
TITLE			•	DELETE	4.1 TITL	E				
NAME					4 2 NAI	ME		9000023132898		
STREET ADDRESS					4.3 STR	eet addres	s	-10/06/9701170016		
CITY-ST-ZIP						- 5T - Z IP		*****61.25 *****61.25		
TITLE				☐ DELETE	5.1 TITL	E		☐ Change ☐ Addition		
NAME					5.2 NAM	ΙE	1			
STREET ADDRESS					5.3 STRI	ET ADDRES	s	_		
CITY-ST-ZIP					5.4 CITY	-ST-ZIP				
TITLE	- N			DELETE	6.1 TITL	Ē		Change Ch		
NAME					6.2 NAM	ΙE		V \ <u>\delta</u> \V		
STREET ADDRESS					6.3 STR	ET ADDRES	S	\mu_0''\c		
CITY-ST-ZIP					6.4 CITY	- ST-ZIP		Ψ΄		

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 it 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.