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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000000703

1. Corporation Name
HIGH HOSANNA MINISTRIES INC.

Principal Place of Business: 24715 STATE ROAD 26 MELROSE FL 32666
 Mailing Address: POST OFFICE BOX 167 MELROSE FL 32666



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	02/06/1996
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	59-3385941
23	City & State	City & State	28	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
			30	Trust Fund Contribution	<input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEVENS, JESSIE J 24715 STATE ROAD 26 MELROSE FL 32666		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

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: *Jessie J Stevens* DATE: 1-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, JESSIE J	1.2 NAME	
STREET ADDRESS	24715 SR 26	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666	1.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHNNIE	2.2 NAME	Johnnie Smith
STREET ADDRESS	3574 MARION ST	2.3 STREET ADDRESS	24801 SR 26
CITY-ST-ZIP	FT. MYERS FL 33905	2.4 CITY-ST-ZIP	Melrose, FL 32666
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, MARY	3.2 NAME	
STREET ADDRESS	24517 SR 26	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Jessie J Stevens* DATE: 1-9-99
Signature and typed or printed name of signing officer or director

CR2E037 (11/98)