2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000703

1. Entity Name
HIGH HOSANNA MINISTRIES INC.

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

04052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1868588
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, JESSIE J
24715 STATE ROAD 26
MELROSE, FL 32666

DO NOT WRITE 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, 2004

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

U00000105384
040407P04-60022-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEVENS, JESSIE J
STREET ADDRESS	24715 SR 26
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	VPT
NAME	SMITH, JOHNNIE
STREET ADDRESS	24801 SR 26
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	ST
NAME	STEVENS, MARY
STREET ADDRESS	24517 SR 26
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: Jessie J. Stevens 4-05-04 352-475-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #