

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-10-2003 90019 013 *****75.00

DOCUMENT # N96000000703

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number APPLIED FOR

14-1868588

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STEVENS, JESSIE J
24715 STATE ROAD 26
MELROSE FL 32666

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution: ☒\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-03 352-475-5438

CR2E037 (10/02)

AH achm

55000202

Internal
Revenue
Service**Employer Identification
Number (EIN) Cover Sheet**

Date

1/29/3 N960000202

No. of pages (including
this one) /

Brookhaven Accounts Management Center (BAMC)

FAX: 631-447-8960**PHONE: 866-816-2065**

To JESSIE STEVENS	From DAN 19-06123
FAX 352-475-5478	Phone

ATTENTION

Name of Entity

HIGH HOSANNA MINISTERS INC

EIN

14-1868588

Name of Entity

EIN

Name of Entity

This coversheet is used as verification for a requested EIN. For any questions regarding the application for Employer Identification Number (SS-4) use the above toll-free number, all other non-related questions, please contact 800-829-1040

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication via fax at the number given above. Thank you.