

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005261

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: HIGHER VISION MINISTRIES, INC.

## Current Principal Place of Business:

501 N.W. 1ST AVENUE  
HALLANDALE, FL 33009

## New Principal Place of Business:

416 NW 4 AVE  
HALLANDALE, FL 33009

## Current Mailing Address:

501 N.W. 1ST AVENUE  
HALLANDALE, FL 33009

## New Mailing Address:

416 NW 4 AVE  
HALLANDALE, FL 33009

FEI Number: 66-0870338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDERS, ANTHONY A  
615 NW 4 CT  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANDERS, ANTHONY PASTOR  
Address: 615 NW 4 CT  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T ( ) Delete  
Name: BRAYNEN, GAIL  
Address: 501 NW 1ST AVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: O ( ) Delete  
Name: THOMAS, VON K  
Address: 501 NW 1ST AVENUE  
City-St-Zip: HALLANDALE, FL 33009

Title: O ( ) Delete  
Name: WIGGINS, BRUCE  
Address: 501 NW 1 AVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S ( ) Delete  
Name: SANDERS, JESSICA  
Address: 615 NW 4 CT  
City-St-Zip: HALLANDALE BEACH, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BRAYNEN, GAIL  
Address: 416 NW 4TH AVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: O (X) Change ( ) Addition  
Name: THOMAS, VON K  
Address: 416 NW 4TH AVENUE  
City-St-Zip: HALLANDALE, FL 33009

Title: O (X) Change ( ) Addition  
Name: WIGGINS, BRUCE  
Address: 416 NW 4 AVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY SANDERS

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date