

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005261

Entity Name: HIGHER VISION MINISTRIES, INC.**Current Principal Place of Business:**632 W HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**Current Mailing Address:**632 W HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**FEI Number:** 66-0870338**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SANDERS, ANTHONY A
632 W HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 US*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**Officer/Director Detail :**

Title	DEACON
Name	SANDERS, WILBERT
Address	632 W HALLANDALE BEACH BLVD
City-State-Zip:	HALLANDALE FL 33009

Title	T
Name	JOSEPH, MELANIUS
Address	632 W HALLANDALE BEACH BLVD
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	DEACON
Name	JACKSON, HUBERT
Address	632 W HALLANDALE BEACH BLVD
City-State-Zip:	HALLANDALE FL 33009

Title	O
Name	WIGGINS, BRUCE
Address	416 NW 4 AVE
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	T
Name	THOMAS, VON
Address	632 W HALLANDALE BEACH BLVD
City-State-Zip:	HALLANDALE BEACH FL 33009

I hereby 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 all other like empowered.

SIGNATURE: VON THOMAS**TREASURER****02/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date