

2021 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 DEACON
Name JACKSON, HUBERT
Address 632 W HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE FL 33009

Title ADMINISTRATOR
Name PAUL, IVE
Address 632 W HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE FL 33009

Title FINANCE DIRECTOR
Name ALTHEME, VERNADA
Address 632 W HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE FL 33009

Title DEACON
Name BROWN, KENYATTA
Address 632 W HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE 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: PAUL IVE**ADMINISTRATOR****03/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date