

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005261

**Entity Name:** HIGHER VISION MINISTRIES, INC.**Current Principal Place of Business:**6101 MIRAMAR PARKWAY  
MIRAMAR, FL 33023**Current Mailing Address:**P.O. BOX 1525  
HALLANDALE, FL 33008 US**FEI Number:** 66-0870338**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SANDERS, ANTHONY A.  
1005 NW SEVENTH AVE  
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:** ANTHONY SANDERS

03/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DEACON, DIRECTOR  
Name SANDERS, WILBERT JR.  
Address P.O. BOX 1525  
City-State-Zip: HALLANDALE FL 33008

Title DEACON, DIRECTOR  
Name BURTON, CALVIN  
Address P.O. BOX 1525  
City-State-Zip: HALLANDALE FL 33008

Title ADMINISTRATOR  
Name PAUL, IVE  
Address P O BOX 1525  
City-State-Zip: HALLANDALE FL 33009

Title FINANCE DIRECTOR  
Name ALTHEME , VERNADA  
Address P O BOX 1525  
City-State-Zip: HALLANDALE FL 33009

Title DEACON  
Name BROWN , KENYATTA  
Address P O BOX 1525  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name ALTHEME, TOMMY  
Address P.O. BOX 1525  
City-State-Zip: HALLANDALE FL 33008

*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:** VERNADA ALTHEME**DIRECTOR**

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date