

2022 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
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	DEACON
Name	BURTON, CALVIN
Address	P.O. BOX 1525
City-State-Zip:	HALLANDALE FL 33009

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

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 ALTHEMEFINANCE
ADMINISTRATOR

04/04/2022

Electronic Signature of Signing Officer/Director Detail_____
Date