

**2013 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  
615 NW 4 CT  
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 P  
Name SANDERS, ANTHONY PASTOR  
Address 615 NW 4 CT  
City-State-Zip: HALLANDALE BEACH FL 33009

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

Title O  
Name SMITH, REGINALD  
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 S  
Name SANDERS, JESSICA  
Address 615 NW 4 CT  
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: ANTHONY SANDERS**

**PASTOR**

**04/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date