

**2018 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:** No**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

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

Title DIRECTOR  
Name GEORGE, ERIC S  
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:** IVE PAUL**ADMINISTRATOR****04/05/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date