

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 727302**

1. Entity Name  
**HIGHPOINT CHURCH OF GOD, INC.**



Principal Place of Business  
**501 BURNS AVENUE  
LAKE WALES, FL 33853**

Mailing Address  
**501 BURNS AVENUE  
LAKE WALES, FL 33853**



03302007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1874736**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WISEMAN, CHRIS  
501 BURNS AVE.  
LAKE WALES, FL 33853**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

000000696953  
04/18/07-80019-022 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
POOLEY, TODD  
110 FAIRCHILD AVE.  
BABSON PARK, FL 33827**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CT  
WISEMAN, CHRIS  
118 ALVINA AVE  
LAKE WALES, FL 33853**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BREWER, PATRICIA  
2324 LAKE EASY RD  
BABSON PARK, FL 33827**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BIRCHFIELD, VIVIAN  
2559 MCCOWN RD  
LAKE WALES, FL 33859**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Chris Wiseman 4-2-07 (863)676-0323**

Date

Daytime Phone #