

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727302

FILED  
May 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

501 BURNS AVENUE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

501 BURNS AVENUE  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 59-1874736      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VT      ( ) Delete  
Name: POOLEY, TODD  
Address: 110 FAIRCHILD AVE.  
City-St-Zip: BABSON PARK, FL 33827

Title: CT      ( ) Delete  
Name: WISEMAN, CHRIS  
Address: 1186 YARNELL AVE  
City-St-Zip: LAKE WALES, FL 33853

Title: T      ( ) Delete  
Name: BREWER, PATRICIA  
Address: 2324 LAKE EASY RD  
City-St-Zip: BABSON PARK, FL 33827

Title: ST      ( ) Delete  
Name: BIRCHFIELD, VIVIAN  
Address: 2559 MCCOWN RD  
City-St-Zip: LAKE WALES, FL 33859

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRIS WISEMAN

PRES

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date