

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732098** (9)
1. Corporation Name
HIGHER GROUND MINISTRIES INTERNATIONAL INC.



Principal Place of Business P.O. BOX 157 WAUSAU FL 32463	Mailing Address P.O. BOX 157 WAUSAU FL 32463-0157
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1975		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1750741		Applied For Not Applicable			
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERTS, MICHAEL A 778 TRELIS LANE SUNNY HILLS FL 32428				81 Name Roberts, Michael A			
				82 Street Address (P.O. Box Number is Not Acceptable) 2237 Tiller Rd.			
				83			
				84 City Chipley FL 85 Zip Code 32428			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michael Roberts* **Michael A Roberts, VD** DATE **5/1/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, TOM N REV.	1.2 NAME	
STREET ADDRESS	HIGHWAY 77	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUSAU FL 32463	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MICHAEL A REV.	2.2 NAME	
STREET ADDRESS	778 TRELIS LANE	2.3 STREET ADDRESS	2237 Tiller Rd.
CITY-ST-ZIP	SUNNY HILLS FL 32428	2.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, . ELIZABETH RE	3.2 NAME	
STREET ADDRESS	4833 S LAKEWOOD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARKER FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, SHELLEY K	4.2 NAME	
STREET ADDRESS	P O BOX 552 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUSAU FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Roberts* **Michael A Roberts, VD** DATE **5/1/97** (904) 638-0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010471

CR2E037 (9/96)