

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732098

1. Entity Name

HIGHER GROUND MINISTRIES INTERNATIONAL INC.

Principal Place of Business

P.O. BOX 5758
MARIANNA FL 32447
US

Mailing Address

P.O. BOX 5758
MARIANNA FL 32447-5758
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1750741

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, MICHAEL A
2237 TILLER RD
CHIPLEY FL 32428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, TOM N REV.	
STREET ADDRESS	HIGHWAY 77	
CITY-ST-ZIP	WAUSAU FL 32463	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTS, MICHAEL A REV.	
STREET ADDRESS	2237 TILLER RD	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, . ELIZABETH RE	
STREET ADDRESS	4833 S LAKEWOOD	
CITY-ST-ZIP	PARKER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, SHELLEY K	
STREET ADDRESS	2984 PARK STREET	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

Rev. Michael A Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90057 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)