

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739430

FILED
Jan 04, 2008
Secretary of State

Entity Name: HIGH POINTE MINISTRIES, INC.

Current Principal Place of Business:

3225 HARTSFIELD RD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 3266
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-1758289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, MICHAEL E
3225 HARTSFIELD ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: D () Delete
Name: FLOYD, MICHAEL E.,
Address: 3225 HARTSFIELD RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: FLOYD, DONNA K
Address: 3225 HARTSFIELD RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: JANDHL, ALLAN
Address: 3225 HARTSFIELD ROAD
City-St-Zip: TALLAHASSEE, FL

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:

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: MICHAEL E. FLOYD

DIR.

01/04/2008

Electronic Signature of Signing Officer or Director

Date