

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001970

FILED
Apr 16, 2009
Secretary of State

Entity Name: HIGHEST PRAISE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

11440 SOUTH DAVOL
CHICAGO, IL 60643

New Principal Place of Business:

Current Mailing Address:

1101 NELSON MEADOW LANE
KISSIMMEE, FL 34759

New Mailing Address:

FEI Number: 35-2204328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS-REDMOND, NICOLE Y
1101 NELSON MEADOW LANE
KISSIMMEE, FL 34759 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: ROSS, ANGELA L
Address: 1101 NELSON MEADOW LANE
City-St-Zip: KISSIMMEE, FL 34759

Title: D () Delete
Name: BROWNING, LISA D
Address: 2945 W. SEIPP
City-St-Zip: CHICAGO, IL 60652

Title: D () Delete
Name: WALLS, KINESHA
Address: 21 WARREN STREET
City-St-Zip: HAMMOND, IN 46320

Title: S () Delete
Name: ROSS-REDMOND, NICOLE Y
Address: 1101 NELSON MEADOW LANE
City-St-Zip: KISSIMMEE, FL 34759

Title: T () Delete
Name: REDMOND, KENNETH A
Address: 1101 NELSON MEADOW LANE
City-St-Zip: KISSIMMEE, FL 34759

Title: () Delete
Name:
Address:
City-St-Zip:

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: S (X) Change () Addition
Name: ROSS-REDMOND, NICOLE Y DR.
Address: 1101 NELSON MEADOW LANE
City-St-Zip: KISSIMMEE, FL 34759

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

Title: D () Change (X) Addition
Name: PERKINS, JEANETTE T DR.
Address: 319 CLEVELAND STREET
City-St-Zip: AUBURNDAL, FL 33823

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: DR. NICOLE Y. ROSS-REDMOND

S

04/16/2009

Electronic Signature of Signing Officer or Director

Date