

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000574

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** HIGHER HEIGHTS MINISTRIES, INC.

**Current Principal Place of Business:**

8291 DAMES POINT CROSSING BLVD.  
SUITE # 3203  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8702  
JACKSONVILLE, FL 32239 US

**New Mailing Address:**

**FEI Number:** 59-3636839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIGHTOWER-ROBINSON, RHONDA  
8291 DAMES POINT CROSSING BLVD.  
# SUITE 3203  
JACKSONVILLE, FL 32277 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: PTD  
Name: ROBINSON, RHONDA H  
Address: 8291 DAMES POINT CROSSING BLVD.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD  
Name: THOMAS, TODD T  
Address: 3500 UNIVERSITY BLVD. N. # 904  
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD  
Name: THOMAS, RICKIE L  
Address: 5791 UNIVERSITY CLUB BLVD N  
City-St-Zip: JACKSONVILLE, FL 32277

I hereby 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 all other like empowered.

SIGNATURE: ROBINSON, RHONDA H.

PTD

04/22/2010

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

\_\_\_\_\_  
Date