2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Feb 14, 2007 08:00 AN DOCUMENT # N00000002947 Secretary of State THE CHURCH OF GOD HIGHER CALLING MINISTRY, INC. Principal Place of Business Mailing Address 5508 ALHAMBRA DR. 5508 ALHAMBRA DR. ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4, FEI Number Applied For 59-3634289 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDNER, LESLIE PASTOR Street Address (P.O. Box Number is Not Acceptable) 5508 ALHAMBRA DR. ORLANDO FL 32808 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registorod agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE the to FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE D Delete 1000 Change Addition U00000636265 GARDNER, LESLIE NAME STREET ADDRESS STREET ADDRESS 02/26/07-80010-002 61.25 5508 ALHAMBRA DR. CITY - ST- ZIP ORLANDO FL 32808 CITY-ST-ZIP Delete ☐ Change Addition GARDNER, GLORIA NAME STREET ADDRESS STREET ADDRESS 5508 ALHAMBRA DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Addition IIIIE SD ☐ Delele Change NAME NAME DEHANEY, AVRIL STREET ADDRESS 5508 ALHAMBRA DR. STREET ADDRESS CHY-SI-7IP CHY-ST-7/P ORLANDO FL 32808 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME **DULFENIA, LAWERENCE** STREET ADDRESS STREET ADDRESS 7025 WILLIOW WOOD ST. CJTY - ST - 7#F CITY-ST-7IP ORLANDO FL 32818 TITLE Delete DITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P THTLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

bable Grafaes SIGNATURE:

if changed, or on an attachment with an address, with all other like empowered

12. I hereby cortify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further cortify 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 eath; 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

Leslie GARDNER 2.12.07 321443 5877

FILED