

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002987

FILED
Apr 28, 2004
Secretary of State

Entity Name: HIGHER GROUND FOUNDATION, INC.

Current Principal Place of Business:

4905 WILD GRAPE WAY
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

4905 WILD GRAPE WAY
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 75-3075357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISICHELLA, ANTHONY
4905 WILD GRAPE WAY
MELBOURNE, FL 32940

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: VD (X) Delete
Name: FISICHELLA, LINDA
Address: 19607 BLACK FALCON ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VSTD () Delete
Name: FISICHELLA, ANTHONY JR.
Address: 4905 WILD GRAPE WAY
City-St-Zip: MELBOURNE, FL 32940

Title: PD () Delete
Name: FISICHELLA, ANTHONY SR.
Address: 19607 BLACK FALCON ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D (X) Delete
Name: FISICHELLA, KIM MARIE
Address: 4905 WILD GRAPE WAY
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: HERSCHBERGER, ABRAHAM
Address: 230 KENT NORTH
City-St-Zip: WEST PALM BEACH, FL 33417

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: () 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 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 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: ANTHONY FISICHELLA JR

VSTD

04/28/2004

Electronic Signature of Signing Officer or Director

Date