

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000642

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** HIGHER DIMENSIONS OF H.O.P.E. MINISTRIES, INC.

**Current Principal Place of Business:**

1624 BRONSON STREET  
PALATKA, FL 32177 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 STILLWELL AVE.  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 01-0764346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CANTY, BEVERLY E  
225 STILLWELL AVE  
PALATKA, FL 32177 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: P  
Name: CANTY, BEVELRY E  
Address: 225 STILLWELL AVE  
City-St-Zip: PALATKA, FL 32177 US

Title: D  
Name: CANTY, SHERMAN SR.  
Address: 225 STILLWELL AVE  
City-St-Zip: PALATKA, FL 32177 US

Title: VP  
Name: TOMBLIN, CORLIS D  
Address: 2502 PROSPECT STREET  
City-St-Zip: PALATKA, FL 32177

Title: D  
Name: TOMBLIN, HORIN  
Address: 2502 PROSPECT STREET  
City-St-Zip: PALATKA, FL 32177

Title: SD  
Name: ELKINS, LAFONDA  
Address: 168 SAND PINE CIRCLE  
City-St-Zip: SANFORD, FL 32773 US

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: BEVERLY E. CANTY

P

04/26/2012

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

\_\_\_\_\_  
Date