2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N03000005027

Entity Name: HIGHER GROUND TEACHING MINISTRIES, INC.

Current Principal Place of Business:

5135 FRYER ROAD
ST. CLOUD, FL 34771

New Principal Place of Business:

5135 FRYER ROAD
ST. CLOUD, FL 34771 US

Current Mailing Address:

5135 FRYER ROAD
ST. CLOUD, FL 34771

New Mailing Address:

5135 FRYER ROAD
ST. CLOUD, FL 34771 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLON, LONZIE
5135 FRYER ROAD
ST. CLOUD, FL 34771 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 ( ) Delete
Name: STEPHENS, GAIL L
Address: 5135 FRYER ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: D ( ) Delete
Name: WELLON, LONZIE L
Address: 5135 FRYER ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: S ( ) Delete
Name: ODOM, JACQUELINE S
Address: 5135 FRYER ROAD
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: STEPHENS, GAIL L
Address: 5135 FRYER ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: DIR (X) Change ( ) Addition
Name: WELLON, LONZIE L
Address: 5135 FRYER ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: SECT (X) Change ( ) Addition
Name: ODOM, JACQUELINE S
Address: 5135 FRYER ROAD
City-St-Zip: ST. CLOUD, FL 34771

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: GAIL STEPHENS PRES 04/21/2008
Electronic Signature of Signing Officer or Director — Date