

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005027

FILED  
Feb 05, 2012  
Secretary of State

**Entity Name:** HIGHER GROUND TEACHING MINISTRIES, INC.

**Current Principal Place of Business:**

5135 FRYER ROAD  
ST. CLOUD, FL 34771 US

**New Principal Place of Business:**

**Current Mailing Address:**

5135 FRYER ROAD  
ST. CLOUD, FL 34771 US

**New Mailing Address:**

**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:**

WELLON, LONZIE SR.  
5135 FRYER ROAD  
ST. CLOUD, FL 34771 US

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: LONZIE WELLON

02/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DIR  
Name: WELLON, LONZIE L SR.  
Address: 5135 FRYER ROAD  
City-St-Zip: ST. CLOUD, FL 34771

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

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: GAIL STEPHENS

PRES

02/05/2012

Electronic Signature of Signing Officer or Director

Date