2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# N04000009665

Entity Name: HIGHER PLACE MINISTRIES, INC.

Current Principal Place of Business:

1592 NW 182ND WAY
PEMBROKE PINES, FL 33029

New Principal Place of Business:

3056 SOUTH STATE RD. #7
36
MIRAMAR, FL 33023

Current Mailing Address:

1592 NW 182ND WAY
PEMBROKE PINES, FL 33029

New Mailing Address:

3056 SOUTH STATE RD. #7
36
MIRAMAR, FL 33023

FEI Number: 83-0412978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEWART, DAVID A
1592 NW 182ND WAY
PEMBROKE PINES, FL 33029 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: D ( ) Delete
Name: STEWART, DAVID A
Address: 1592 NW 182ND WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: STEWART, DESRENE A
Address: 1592 NW 182ND WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: VASSELL, ADASSA
Address: 2239 NW 171ST TERR
City-St-Zip: MIAMI, FL 33056

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DESRENE STEWART D 07/14/2006

Electronic Signature of Signing Officer or Director — Date