


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90020 049 \*\*\*\*61.25

<b>DOCUMENT # N04005</b> 1. Entity Name HIGHLAND FIRST BAPTIST CHURCH, INC.					
Principal Place of Business 1395 U. S. HWY. 301 NORTH LAWTEY, FL 32058 US			Mailing Address 1395 US HIGHWAY 301 NORTH LAWTEY, FL 32058 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3203176	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  JOHNS, BRENDA 1867 NOLAN RD. MIDDLEBURG, FL 32068			7. Name and Address of New Registered Agent --- Name <u>Jenna Elam</u> Street Address (P.O. Box Number is Not Acceptable) <u>1839 NW. 251st ST</u> City <u>LAWTEY</u> FL Zip Code <u>32058</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Jenna Elam</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/7/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAC GRIFFIS, JAMES 791 NE CR 125 LAWTEY, FL 32058 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DON Helmlinger 2241 N.W. 251st St. LAWTEY, FL 32058 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR HEMLINGER, DON RT. 1 BOX 876A LAWTEY, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRED PENDARVIS 23522 NE 7th Ave LAWTEY, FL 32058 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR PENDARVIS, FRED 23522 NE 7TH AVE LAWTEY, FL 32058 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tom Howard 1865 N.W. 251st St LAWTEY, FL 32058 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAC JONES, HAROLD 1311 NE 236TH ST. LAWTEY, FL 32058 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Harold Jones 1311 NE 236th St. LAWTEY, FL 32058 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JOHNS, BRENDA 1867 NOLAN RD. MIDDLEBURG, FL 32068 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAC PENDARVIS, CLARENCE 23606 NE 8TH AVE. LAWTEY, FL 32058 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Thomas M. Howard</u> THOMAS M. HOWARD 4-8-08 904-782-3010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					