

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006347

FILED
Jan 16, 2007
Secretary of State

Entity Name: HIGHER QUEST FOUNDATION, INC.

Current Principal Place of Business:

3633 BAYSHORE BLVD NE
ST PETERSBURG, FL 33703

New Principal Place of Business:

4560 GREAT OAK DRIVE
NORTH CHARLESTON, SC 29418

Current Mailing Address:

3633 BAYSHORE BLVD NE
ST PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 20-3406697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HERMANNNS, RICHARD F
3633 BAYSHORE BLVD NE
ST PETERSBURG, FL 33703 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: HERMANNNS, RICHARD F
Address: 3633 BAYSHORE BLVD NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D () Delete
Name: HERMANNNS, LISA
Address: 3633 BAYSHORE BLVD NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D () Delete
Name: JACKSON, KIMBERLY
Address: 19151 SW 54TH PL
City-St-Zip: SW RANCHES, FL 33332

Title: D () Delete
Name: JACKSON, EDWARD P
Address: 19151 SW 54TH PL
City-St-Zip: SW RANCHES, FL 33332

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:

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: RICHARD F HERMANNNS

PRES

01/16/2007

Electronic Signature of Signing Officer or Director

Date