


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90165 016 \*\*\*\*70.00

<b>DOCUMENT # N05000010300</b> 1. Entity Name <b>HIGHER GROUND APOSTOLIC INC.</b>					
Principal Place of Business <b>2650 HARRY T MOORE AVENUE MIMS FL 32754</b>				Mailing Address <b>2650 HARRY T MOORE AVENUE MIMS FL 32754</b>	
2. Principal Place of Business <i>Cypress Park Community Center</i> Suite, Apt., etc. <b>2329 Harry T Moore Ave</b> City & State <b>Mims FL</b>		3. Mailing Address <b>2650 Harry T Moore Ave</b> Suite, Apt., etc. City & State <b>Mims FL</b>		4. FEI Number <b>611491924</b>	
Zip <b>32754</b>		Country <b>Brevard</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REID, JOANNE 2650 HARRY T MOORE AVENUE MIMS FL 32754</b>				7. Name and Address of New Registered Agent Name <b>Joanne Reid</b> Street Address (P.O. Box Number is Not Acceptable) <b>2650 Harry T Moore Ave</b> City <b>Mims</b> <b>FL</b> Zip Code <b>32754</b>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when re-registering) DATE <b>4-21-06</b>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REID, JOANNE</b> <b>2650 HARRY T MOORE AVENUE</b> <b>MIMS FL 32754</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REED, THOMAS SR</b> <b>2650 HARRY T MOORE AVENUE</b> <b>MIMS FL 32754</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>REED, SHENNA R</b> <b>2650 HARRY T MOORE AVENUE</b> <b>MIMS FL 32754</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>REED, THOMAS JR</b> <b>1091 SOUTH PARK AVENUE</b> <b>TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>REID, TINA L</b> <b>1091 SOUTH PARK AVENUE</b> <b>TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 Section 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: *[Signature]*

**4-21-06 321-269-8931**