

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005435

FILED
Jan 07, 2009
Secretary of State

Entity Name: HIGHLANDS GOSPEL TABERNACLE, INC.

Current Principal Place of Business:

2306 US 27 HIGHWAY NORTH
SEBRING, FL 33870

New Principal Place of Business:

204 S ORANGE ST
SEBRING, FL 33870

Current Mailing Address:

309 WEST BELL STREET
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 26-0263347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXIME, ALPHONSUS
309 WEST BELL STREET
AVON PARK, FL 33825 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: P () Delete
Name: BELLUS, ADLIN
Address: 3169 SEDGEWICK RD
City-St-Zip: AVON PARK, FL 33825

Title: V () Delete
Name: SIMELUS, GUINAULD
Address: 720 GRANDPRIX RD
City-St-Zip: SEBRING, FL 33872

Title: T () Delete
Name: MAXIME, ALPHONSUS
Address: 309 WEST BELL ST
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAXIME, ALPHONSUS
Address: 309 WEST BELL ST
City-St-Zip: AVON PARK, FL 33825

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 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: ALPHONSUS MAXIME

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date