

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005435

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** HIGHLANDS GOSPEL TABERNACLE, INC.

**Current Principal Place of Business:**

204 S ORANGE ST  
SEBRING, FL 33870

**New Principal Place of Business:**

**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 (X)**

**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  
**Name:** MAXIME, ALPHONSUS  
**Address:** 309 WEST BELL ST  
**City-St-Zip:** AVON PARK, FL 33825

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

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

**Title:** S  
**Name:** PHILIP, NADIA G  
**Address:** 4006 PONCE DE LEON BLVD  
**City-St-Zip:** SEBRING, FL 33872

I hereby 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 all other like empowered.

**SIGNATURE:** ALPHONSUS MAXIME

P

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date