

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007028

FILED
Jun 25, 2009
Secretary of State

Entity Name: HIGHER CALLING CHRISTIAN FELLOWSHIP INC.

Current Principal Place of Business:

2344 LAKE BRADFORD ROAD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

400 CAPITAL CIRCLE SOUTHEAST
SUITE 18-139
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-3051459 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOSS POOLE, ANGELA
ANGELA MOSS POOLE, LLC
118 SALEM COURT
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ANGELA MOSS POOLE, LLC
118 SALEM COURT
TALLAHASSEE, FL 32301 US

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: ANGELA M POOLE FOR THE FIRM

06/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAINES, RAYMOND
Address: 11 BOBO J ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VST () Delete
Name: CHILDS, VENUS M
Address: 3016 HAWKS LANDING DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BRYANT, ROBERT L
Address: 2485 NUGGET LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: COVINGTON, LATRICE
Address: 4272 BARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: HALL, CALVIN
Address: 400 CAPITAL CIRCLE SOUTHEAST SUITE 18-139
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WATSON, ELISA
Address: 11 PONDEROSA DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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
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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 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: RAYMOND L. GAINES JR

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date