

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90055 014 ****61.25

DOCUMENT # N36978

1. Entity Name

HIGHER GROUND HARVEST CENTER, INC.



Principal Place of Business

1710 NW MLK JR. AVE.
OCALA FL 34478
US

Mailing Address

7231 NW HWY 225-A
OCALA FL 34482
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3060943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVE, BRANDON D SR.
7231 NW HWY 225-A
OCALA FL 34482

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME CAVE, BRANDON D SR.
STREET ADDRESS 7231 NW HWY 225-A,
CITY- ST- ZIP Ocala FL 34482

TITLE CEO ☐ Delete
NAME CAVE, BRANDON D SR.
STREET ADDRESS 7231 NW HWY 225-A,
CITY- ST- ZIP Ocala FL 34482

TITLE SD ☐ Delete
NAME CAVE, CARLA K
STREET ADDRESS 7231 NW HWY 225-A
CITY- ST- ZIP Ocala FL 34482

TITLE TD ☒ Delete
NAME GANSBY, KIMBERLY
STREET ADDRESS 2060 NW 43RD ST
CITY- ST- ZIP Ocala FL 34475

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME TD FRANCIS, Chevalia
STREET ADDRESS 100 NW 23rd Ave Apt 202
CITY- ST- ZIP Ocala, Fla. 34475

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

2/6/07