FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:10

DOCUMENT # **N39210** **(2)**

1. Corporation Name
HIGHER CALL MINISTRIES, INC.

Principal Place of Business	Mailing Address
13541 CHAUNY ROAD JACKSONVILLE FL 32224	13541 CHAUNY ROAD JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1990
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-3014719 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 32246 / Country 25	Zip 29: 32246 / Country 30

9. Name and Address of Current Registered Agent

FOWLER, W. DOUGLAS III
13541 CHAUNY ROAD
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 32246

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FOWLER, W. DOUGLAS III	1.2 NAME	Fowler, W Douglas III	
STREET ADDRESS	13541 CHAUNY ROAD	1.3 STREET ADDRESS	13541 Chauny Road	
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	Jacksonville - FL - 32246	
TITLE	V	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	FOWLER, SUSAN	2.2 NAME	Fowler, Susan	
STREET ADDRESS	13541 CHAUNY ROAD	2.3 STREET ADDRESS	13541 Chauny Road	
CITY-ST-ZIP	JACKSONVILLE FL 32224	2.4 CITY-ST-ZIP	Jacksonville - FL - 32246	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	UMBREIT, BOB	3.2 NAME	Umbreit, Bob	
STREET ADDRESS	7413 HILO DRIVE	3.3 STREET ADDRESS	12816 Green Meadow Place	
CITY-ST-ZIP	JACKSONVILLE FL 32211	3.4 CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	S	4.1 TITLE	S	☐ Change ☐ Addition
NAME	GLASS, J D	4.2 NAME	Glass, J D	
STREET ADDRESS	13794 CORAL DR	4.3 STREET ADDRESS	10961 Reading Road	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Douglas Fowler III 3-3-95 904-225-5089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024484