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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathews  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000370 (8)**

1. Corporation Name

**HIGHER GROUND CHURCH AND MINISTRIES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3851 62ND AVE N  
STE C  
PINELLAS PARK FL 34665  
US

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STE C  
PINELLAS PARK FL 34665  
US

3. Date Incorporated or Qualified **11/17/1992** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-3160875** Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc  
22 City & State  
23 Zip Country

26 Suite, Apt #, etc  
27 City & State  
28 Zip Country

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. The corporation has liability for intangible tax under § 199.099 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNEDY, EDWARD T  
6955 82ND AVE. NORTH  
PINELLAS PARK FL 34665**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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

Signature (agent or certified officer of registered agent and the corporation)

Registered Agent Signature (required when registering)

(DATE)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD KENNEDY, EDWARD T 6955 82ND AVE. NORTH PINELLAS PARK FL 34665
TITLE NAME STREET ADDRESS CITY ST ZIP	VD KENNEDY, DEBORAH A 6955 82ND AVE. NORTH PINELLAS PARK FL 34665
TITLE NAME STREET ADDRESS CITY ST ZIP	S CALLAHAN, MARIE A 8971 87TH WAY NORTH PINELLAS PARK FL 34666
TITLE NAME STREET ADDRESS CITY ST ZIP	TD CALLAHAN, PATRICK L 8971 87TH WAY NORTH PINELLAS PARK FL 34666
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same 11296 - 115 <sup>th</sup> Street Largo, FL 34648
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same 11296 - 115 <sup>th</sup> Street Largo, FL 34648
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(a), 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: *Deborah Kennedy* *Deborah Kennedy* 4/29/95 / 813 / 346 7859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR