

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N92000000370 (8)**  
 1. Corporation Name  
**HIGHER GROUND CHURCH AND MINISTRIES, INC.**



Principal Place of Business <b>3851 62ND AVE N STE C PINELLAS PARK FL 34665 US</b>	Mailing Address <b>3851 62ND AVE N STE C PINELLAS PARK FL 33781-6007 US</b>
---	--

3. Date Incorporated or Qualified <b>11/17/1992</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-3160875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**KENNEDY, EDWARD T  
 6955 82ND AVE. NORTH  
 PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent  
 81. Name **Edward T. Kennedy (New Address)**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**6327-44 Ave N.**  
 83.  
 84. City **St. Petersburg** FL 85. Zip Code **33709**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Edward T. Kennedy* **Edward T. Kennedy** DATE **3/25/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNEDY, EDWARD T	
STREET ADDRESS	6955 82ND AVE. NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34665	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNEDY, DEBORAH A	
STREET ADDRESS	6955 82ND AVE. NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34665	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CALLAHAN, MARIE A	
STREET ADDRESS	11296 115TH STREET	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALLAHAN, PATRICK L	
STREET ADDRESS	11296 115TH STREET	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Marie A. Callahan* **MARIE A. CALLAHAN** DATE **3/25/97**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0052163

CR2E037 (9/96)