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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003190 (5)**

1. Corporation Name

ON HIGH MINISTRIES, INC.



Principal Place of Business 876 CYPRESS AVE ORANGE CITY FL 32763		Mailing Address P.O. BOX 740323 ORANGE CITY FL 32774		3. Date Incorporated or Qualified 06/22/1994	
2. Principal Place of Business 845 PINEDA ROAD		2a. Mailing Address		4. FEI Number 59-3254168	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State LAKE HELEN, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32744		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country Polysia		Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CROCKETT, SEAN 876 CYPRESS AVE ORANGE CITY FL 32763		10. Name and Address of New Registered Agent BERNARD SERAFINOWICZ 845 PINEDA ROAD LAKE HELEN, FL 32744	
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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 *Bernard Serafinowicz* DATE *April 26 1998*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	CROCKETT, SEAN	1.2 NAME	BERNARD SERAFINOWICZ
STREET ADDRESS	876 CYPRESS AVE	1.3 STREET ADDRESS	845 PINEDA ROAD
CITY-ST-ZIP	ORANGE CITY FL 32763	1.4 CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	DVP	2.1 TITLE	DVP
NAME	CROCKETT, DIANA	2.2 NAME	BERNADETTE SERAFINOWICZ
STREET ADDRESS	876 CYPRESS AVE	2.3 STREET ADDRESS	845 PINEDA ROAD
CITY-ST-ZIP	ORANGE CITY FL 32763	2.4 CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	DS	3.1 TITLE	DS
NAME	SERAFINOWICZ, BERNADETTE	3.2 NAME	Ann Christmas
STREET ADDRESS	845 PINEDA RD	3.3 STREET ADDRESS	302 CEDAR CREEK CIRCLE
CITY-ST-ZIP	LK NELEA FL 32744	3.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	DT	4.1 TITLE	DT
NAME	SERAFINOWICZ, BERNARD	4.2 NAME	Ann Christmas
STREET ADDRESS	845 PINEDA RD	4.3 STREET ADDRESS	302 CEDAR CREEK CIRCLE
CITY-ST-ZIP	LK NELEA FL 32744	4.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Bernard Serafinowicz* DATE: *April 26 1998* 904-278-9799

CR2E037 (10/97)