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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003190

1. Corporation Name

ON HIGH MINISTRIES, INC.

452715 - 90287 - 28

Principal Place of Business

845 PINEDA RD
LAKE HELEN FL 32744
US

Mailing Address

P.O. BOX 740323
ORANGE CITY FL 32774



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/22/1994

4. FEI Number

59-3254168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SERAFINOWICZ, BERNARD
845 PINED RD
LAKE HELEN FL 32744

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SERAFINOWICZ, BERNARD

STREET ADDRESS 845 PINEDA RD

CITY-ST-ZIP LAKE HELEN FL 32744

TITLE DVP ☐ DELETE

NAME SERAFINOWICZ, BERNADETTE

STREET ADDRESS 845 PINEDA RD

CITY-ST-ZIP LAKE HELEN FL 32744

TITLE DS ☐ DELETE

NAME CHRISTMAS, ANN

STREET ADDRESS 302 CEDAR CREEK CIR

CITY-ST-ZIP SANFORD FL 32771

TITLE DT ☐ DELETE

NAME CHRISTMAS, ANN

STREET ADDRESS 302 CEDAR CREEK CIR

CITY-ST-ZIP SANFORD FL 32771

TITLE D ☐ DELETE

NAME CHRISTMAS, BILLY

STREET ADDRESS 302 CEDAR CREEK APT. 302

CITY-ST-ZIP SANFORD FL 32771

TITLE D ☒ DELETE

NAME PHONGSANGOUANE, LINT

STREET ADDRESS 628 FAIRCHILD AVE.

CITY-ST-ZIP DELTONA FL 32725

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SERAFINOWICZ ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS (O not D)

1.4 CITY-ST-ZIP

2.1 TITLE SERAFINOWICZ ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS (O not D)

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE D GARCIA BENJI ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

232 HERBWOOD
DELTONA, FL 32725

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 change attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNADETTE SERAFINOWICZ

Date

Daytime Phone #

4/27/99

(407)
665-6603

CR2E037 (11/98)