


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90006 007 \*\*\*\*61.25



<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000000816</b>					
1. Corporation Name <b>HIGHER HOPE MINISTRIES, INC.</b>					
Principal Place of Business 4475 WOODBINE ROAD STE 7 PACE FL 32571			Mailing Address 4475 WOODBINE ROAD STE 7 PACE FL 32571		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/12/1996	
22 City & State		27 City & State		4. FEI Number 59-3372473	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PRITCHETT, STAN 815 WESTMORELAND LANE CANTONMENT FL 32533			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRITCHETT, STAN		1.2 NAME		
STREET ADDRESS	815 WESTMORELAND LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHEAT, TIM		2.2 NAME		
STREET ADDRESS	4475 WOODBINE ROAD STE 7		2.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, BILL		3.2 NAME		
STREET ADDRESS	7111 OAK STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BAGDAD FL 32530		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, BETTY		4.2 NAME		
STREET ADDRESS	7111 OAK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BAGDAD FL 32530		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSEN, RANDAL		5.2 NAME		
STREET ADDRESS	540 MILESTONE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		5.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSEY, CYNTHIA S		6.2 NAME		
STREET ADDRESS	4475 WOODBINE RD., STE 7		6.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/99 850  
9680598

CR2E037 (5/99)