

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90041 048 ****61.25

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1. Entity Name
HIGH PRAISE CHRISTIAN MINISTRIES, INC.



Principal Place of Business
**3731 W NAVY BLVD
PENSACOLA, FL 32507**

Mailing Address
**3731 W NAVY BLVD
PENSACOLA, FL 32507**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3406603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, HERBERT R JR
702 ESCAMBIA AVENUE
CANTONMENT, FL 32533**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when remitting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSD
NAME MARTIN, HERBERT R JR
STREET ADDRESS 702 ESCAMBIA AVNUE
CITY-ST-ZIP CANTONMENT, FL 32533 ☐ Delete

TITLE
NAME **Sharpe, Felecia** ☐ Change ☒ Addition
STREET ADDRESS **712 Lasalle Way**
CITY-ST-ZIP **Pensacola, FL 32505**

TITLE D
NAME MARTIN, BESSIE M
STREET ADDRESS 14 SOUTH "H" STREET
CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MARTIN, BETTY J
STREET ADDRESS 702 ESCAMBIA AVNUE
CITY-ST-ZIP CANTONMENT, FL 32533 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MARTIN, THOMAS
STREET ADDRESS 5603 FAIRVIEW DR
CITY-ST-ZIP PENSACOLA, FL 32505 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MARTIN, LORRAINE S
STREET ADDRESS 7124 GLENDEIA STREET
CITY-ST-ZIP PENSACOLA, FL 32526 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty J. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2008

Date

(850) 937-1681

Daytime Phone #