

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 26, 2000 8:00 am
Secretary of State**

07-26-2000 90007 050 ****61.25

DOCUMENT # N97000004080

1. Entity Name

HIGHER GROUND MINISTRIES, INC.*R*

Principal Place of Business

1734 STATE AVENUE
HOLLY HILL FL 32117

Mailing Address

PO BOX 11047
DAYTONA BEACH FL 32120-1047

2. Principal Place of Business

869 Derbyshire Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

4. FEI Number

59-3454815

Applied For

Not Applicable

Zip

32117

Country

USA

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TRIPLETT, DEREK T
448 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25**After September 13, 2000 min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TRIPLETT, DEREK T**
STREET ADDRESS **448 PELICAN BAY DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**TITLE **DCEO** ☐ Delete
NAME **TRIPLETT, TRACY A**
STREET ADDRESS **448 PELICAN BAT DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**TITLE **D** ☐ Delete
NAME **EVANS, SMITH**
STREET ADDRESS **539 S. KEECH STREET**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-17-00 904-226-1442