

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004080

FILED  
Mar 30, 2005  
Secretary of State

**Entity Name:** HIGHER GROUND MINISTRIES, INC.

**Current Principal Place of Business:**

869 DERBYSHIRE ROAD  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11047  
DAYTONA BEACH, FL 321201047

**New Mailing Address:**

PO BOX 9874  
DAYTONA BEACH, FL 321209874

**FEI Number:** 59-3454815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIPLETT, DEREK T  
869 DERBYSHIRE ROAD  
DAYTONA BEACH, FL 321174509 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDCE ( ) Delete  
Name: TRIPLETT, DEREK T  
Address: 448 PELICAN BAY DR  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D ( ) Delete  
Name: TRIPLETT, JOSEPHINE  
Address: 1600 BIG TREE RD #U6  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D ( ) Delete  
Name: WILEY, ROBIN  
Address: 546 JANICE AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TRIPLETT, JOSEPHINE  
Address: 1224 RUTHBERN ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE TRIPLETT

MGR

03/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date