

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000002414

1. Corporation Name

THE HIGHER HEIGHTS CHRISTIAN BAPTIST FELLOWSHIP,
INC.

Principal Place of Business

P. O. BOX 2453
TALLAHASSEE FL 32316-2453

Mailing Address

P. O. BOX 2453
TALLAHASSEE FL 32316-2453

FILED

99 SEP 15 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1209 Commercial Park Drive	26		04/27/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3505106	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Tallahassee, FL			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 32316	25	Country Leon		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILLIAMS, DELWYNN G 3099 MCCORD BLVD. TALLAHASSEE FL 32303				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 100002989511--C	
				84 City	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Tr/T Janice E. Marshall
STREET ADDRESS		1.3 STREET ADDRESS	118 Deerwood Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Quincy, FL 32351
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Tr Adrian Freeman
STREET ADDRESS		2.3 STREET ADDRESS	7535 West Tenn St Apt 95
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32304
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Tr Patricia Beamon
STREET ADDRESS		3.3 STREET ADDRESS	109 High Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Quincy, FL 32351
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Tr Frances McMillon
STREET ADDRESS		4.3 STREET ADDRESS	1917 Chowkeebin Nelder
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32316
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Janice E. Marshall

8/27/99

850-383-9900

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0000796

CR2E037 (5/99)