2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N98000004110

Entity Name: MOST HIGH MINISTRIES, INC.

Current Principal Place of Business:

3450 W WASHINGTON
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

3450 W WASHINGTON
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3509511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY, WILLIAM
3450 W WASHINGTON
MONTICELLO, FL 32344 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: D ( ) Delete
Name: GALLOWAY, WILLIAM
Address: 3450 W WASHINGTON
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete
Name: HALL, MATTHEW W IV
Address: 3416 NATIVE DANCER TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: BONNELL, SCOTT
Address: 7276 AGA COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: SAPP, TODD
Address: 4285 CAMDEN ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM GALLOWAY D 04/16/2009

Electronic Signature of Signing Officer or Director — Date