

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006119 1. Entity Name HIGHEST PRAISE CHRISTIAN MINISTRIES INC.	
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Principal Place of Business 445 OPAL COURT ALTAMONTE SPRINGS, FL 32714	Mailing Address 445 OPAL COURT ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1615699	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSENQUIST, REV.DENNIS 445 OPAL COURT ALTAMONTE SPRINGS, FL 32714	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

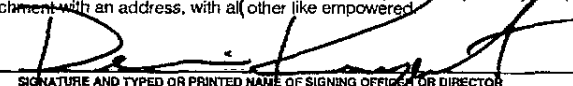
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENQUIST, DENNIS 445 OPAL COURT ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENQUIST, LOREE 445 OPAL COURT ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKSTOCK, LAURANCE RT. BOX 2844 BROWNWOOD, TX 76801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSENQUIST, FORREST 5431 SERENITY COVE BOVECLIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLACKSTOCK, NATHAN 2223 WINSLOW CIRCLE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/04-80053-020 61.25

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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 # _____