2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006119

FILED Jan 03, 2005 Secretary of State

Entity Name: HIGHEST PRAISE CHRISTIAN MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business: 445 OPAL COURT 501 GRANADA WAY ALTAMONTE SPRINGS, FL 32714 LONGWOOD, FL 32750 **Current Mailing Address: New Mailing Address:** 445 OPAL COURT 501 GRANADA WAY ALTAMONTE SPRINGS, FL 32714 LONGWOOD, FL 32750 FEI Number: 31-1615699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSENQUIST, REV.DENNIS ROSENQUIST, REV.DENNIS 445 OPAL COÚRT 501 GRANADA WAY ALTAMONTE SPRINGS, FL 32714 LONGWOOD, FL 32750 US US 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: 01/03/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ROSENQUIST, DENNIS ROSENQUIST, DENNIS Name: Name: 445 OPAL COURT Address: 501 GRANADA WAY Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: (X) Change () Addition ROSENQUIST, LOREE Name: ROSENQUIST, LOREE Name: Address: 445 OPAL COURT Address: 501 GRANADA WAY City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: () Change () Addition BLACKSTOCK, LAURANCE Name: Name: Address: RT. BOX 2844 Address: City-St-Zip: BROWNWOOD, TX 76801 City-St-Zip: () Delete Title: DT Title: () Change () Addition ROSENQUIST, FORREST Name: Name: 5431 SERENITY COVE Address: Address: City-St-Zip: BOVECLIA, FL 33922 City-St-Zip: Title: DS () Delete Title: () Change () Addition BLACKSTOCK, NATHAN Name: Name: 2223 WINSLOW CIRCLE Address: Address: City-St-Zip: CASSELBERRY, FL 32707 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: DENNIS ROSENQUIST P 01/03/2005	
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