

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006119

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** HIGHEST PRAISE CHRISTIAN MINISTRIES INC.

**Current Principal Place of Business:**

501 GRANADA WAY  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

501 GRANADA WAY  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 31-1615699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSENQUIST, REV.DENNIS  
501 GRANADA WAY  
LONGWOOD, FL 32750 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: P ( ) Delete  
Name: ROSENQUIST, DENNIS  
Address: 501 GRANADA WAY  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: ROSENQUIST, LOREE  
Address: 501 GRANADA WAY  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: BLACKSTOCK, LAURANCE  
Address: RT. BOX 2844  
City-St-Zip: BROWNWOOD, TX 76801

Title: DT ( ) Delete  
Name: ROSENQUIST, FORREST  
Address: 5431 SERENITY COVE  
City-St-Zip: BOVECLIA, FL 33922

Title: DS ( ) Delete  
Name: BLACKSTOCK, NATHAN  
Address: 2223 WINSLOW CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

**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:

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: NATHAN BLACKSTOCK

DS

03/26/2009

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

\_\_\_\_\_  
Date