

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006119

FILED  
Jan 06, 2012  
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, LOREE  
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  
**Name:** ROSENQUIST, LOREE  
**Address:** 501 GRANADA WAY  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** VP  
**Name:** BLACKSTOCK, NATHAN  
**Address:** 501 GRANADA WAY  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** D  
**Name:** BLACKSTOCK, LAURANCE  
**Address:** 171 JACKSON LN  
**City-St-Zip:** BROWNWOOD, TX 76801

**Title:** DT  
**Name:** ROSENQUIST, FORREST  
**Address:** 1310 MAPLE ST  
**City-St-Zip:** SHENANDOAH, IA 51601

**Title:** DS  
**Name:** ROSENQUIST, NATHAN  
**Address:** 501 GRANADA WAY  
**City-St-Zip:** LONGWOOD, FL 32750

I hereby 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 all other like empowered.

**SIGNATURE:** LOREE ROSENQUIST

P

01/06/2012

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

\_\_\_\_\_  
Date