

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90079 045 ****61.25

DOCUMENT # N98000006119

1. Entity Name
HIGHEST PRAISE CHRISTIAN MINISTRIES INC.



Principal Place of Business
**445 OPAL COURT
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**445 OPAL COURT
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1615699**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENQUIST, REV.DENNIS
445 OPAL COURT
ALTAMONTE SPRINGS FL 32714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENQUIST, DENNIS 445 OPAL COURT ALTAMONTE SPRINGS FL 32714	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENQUIST, LOREA - LORÉE 445 OPAL COURT ALTAMONTE SPRINGS FL 32714	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKSTOCK, LAURANCE RT. BOX 2844 BROWNWOOD TX 76801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSENQUIST, FORREST 5431 SERENITY COVE BOVECLIA FL 33922	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLACKSTOCK, NATHAN 2223 WINSLOW CIRCLE CASSELBERRY FL 32707	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED

12-30-02

408 869. 1133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)