

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092025

Entity Name: MOVING ONTO HIGHER GROUND, INC.**Current Principal Place of Business:**1831 CYPRESS PRESERVE DR.
UNIT # 1-105
LUTZ, FL 33549**Current Mailing Address:**P.O. BOX 222365
WEST PALM BEACH, FL 33422 US**FEI Number:** 37-1512707**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BOWEN, ANDREA
2411 WHISPERING WOODS BLVD.
UNIT # 1
JACKSONVILLE, FL 32246 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	BOWEN, ANDREA
Address	P.O. BOX 222365
City-State-Zip:	WEST PALM BEACH FL 33422

Title	PCOT
Name	BOWEN, ANDREA
Address	P.O. BOX 222365
City-State-Zip:	WEST PALM BEACH FL 33422

Title	EVP
Name	YATES, ANNETTE
Address	2673 COBBLESTONE FOREST DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	S
Name	BINES, PRISCILLA
Address	3801 CROWN POINT ROAD # 3105
City-State-Zip:	JACKSONVILLE FL 32257

Title	H
Name	JACKSON, ANGELA
Address	11932 HUGE EVERGREEN CT.
City-State-Zip:	JACKSONVILLE FL 32223

Title	C
Name	BOWEN, DOROTHY
Address	2411-1 WHISPERING WOODS BLVD.
City-State-Zip:	JACKSONVILLE FL 32246

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA BOWEN**PRESIDENT/FOUNDER/DI 03/20/2016
RECTOR**_____
Electronic Signature of Signing Officer/Director Detail_____
Date