

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005495

**Entity Name:** LIVING SCRIPTURES, INC.

**Current Principal Place of Business:**

10930 N. 29TH ST  
TAMPA, FL 33612

**FILED**  
**May 15, 2015**  
**Secretary of State**  
**CC4683558930**

**Current Mailing Address:**

P.O. BOX 82514  
TAMPA, FL 33609

**FEI Number: 80-0403669**

**Certificate of Status Desired: No**

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

KEELER, WILLIAM HIV  
10930 N. 29TH ST  
TAMPA, FL 33612 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 KEELER, WILLIAM HIV  
Address 10930 N. 29TH ST  
City-State-Zip: TAMPA FL 33612

Title D  
Name KEELER, LISA  
Address 10930 N. 29TH ST  
City-State-Zip: TAMPA FL 33612

Title D  
Name ROBINSON, HARRY W  
Address 2916 RAMADA DRIVE, #157  
City-State-Zip: TAMPA FL 33613

Title D  
Name MOLEA, JOSEPH M.D.  
Address 4350 W. CYPRESS ST., STE 830  
City-State-Zip: TAMPA FL 33607

Title D  
Name ESTRADA, AMY R.N.  
Address 8319 N. 40TH ST  
City-State-Zip: TAMPA FL 33604

*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: WILLIAM H. KEELER IV**

**DIRECTOR**

**05/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date