

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005722

1. Entity Name

HIGHER LIVING MINISTRIES, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90288 023 ****61.25

Principal Place of Business

107 SUNNY BROCK CR S
ORMOND BEACH FL 32174
US

Mailing Address

POST OFFICE BOX 10734
DAYTONA BEACH FL 33604-1026

2. Principal Place of Business

1916 W. Dale Okaloosa
Suite, Apt. #, etc. Ave

3. Mailing Address

13014 N. Dale Mabry Hwy
Suite, Apt. #, etc. 195

City & State

Tampa FL

City & State

Tampa FL

Zip

33604

Country

USA

Zip

33618

Country

USA

4. FEI Number

59-3387853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHELL, LINDA M
107 SUNNY BROOK C S
ORMOND BEACH FL 32120

7. Name and Address of New Registered Agent

Name

LINDA SCHELL SCHWAEGERMAN

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

1916 W. Okaloosa Ave

City

Tampa

FL

Zip Code

33604

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.

SIGNATURE

Linda S. Schwaegerman

LINDA S. SCHWAEGERMAN

4/30/99

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PDR
NAME SCHELL, LINDA M
STREET ADDRESS 107 SUNNY BROOK CR S
CITY-ST-ZIP ORMOND BEACH FL 32120 ☐ Delete

TITLE VD
NAME WICKS, BEVERLY
STREET ADDRESS 1705 BRAZILIAN LANE
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE STD
NAME LECLERC, ELIZABETH
STREET ADDRESS 980 CANAL VIEW K-1
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDR ☒ Change ☐ Addition
NAME LINDA SCHELL SCHWAEGERMAN
STREET ADDRESS 1916 W. Okaloosa Ave
CITY-ST-ZIP Tampa FL 33604

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

TITLE STD ☒ Change ☐ Addition
NAME ELISA MERCER
STREET ADDRESS 9356 Chandon Drive
CITY-ST-ZIP Orlando FL 32825

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:

Linda S. Schwaegerman

LINDA SCHELL SCHWAEGERMAN
LINDA S. SCHWAEGERMAN
President 813-936-8918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)