2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91120 032 ****61.25

DOCUMENT # N95000005722

1. Entity Name
HIGHER LIVING MINISTRIES, I

Principal Place of Business
HIGHER LIVING MINISTRIES, INC

Mailing Address
107 Sunny Brook Cr S
Ormond Beach FL 32174

LU058467

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
107 SUNNY BROOK C.R S
Suite, Apt. #, etc.
City & State
ORMOND BEACH FL
Zip 32174 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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
LINDA M. SCHELL (SCHWAEGERMAN)
107 SUNNY BROOK CR, S
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
Name LINDA M. SCHELL
Street Address (P.O. Box Number is Not Acceptable) 107 SUNNY BROOK CR, S
City ORMOND BEACH FL Zip Code 32174

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 M Schell LINDA M. SCHELL 4/23/01
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDR LINDA M. SCHELL SCHWAEGERMAN ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition LINDA M. SCHELL 107 SUNNY BROOK CR, S ORMOND BEACH FL 32174
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEVERLY WICKS 1705 BRAZILIAN LANE WINTER PARK, FL 32792 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LEHSA MERCER 9356 CHANDON DRIVE ORLANDO, FL 32825 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (11/00)

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 M Schell President 4/23/01 904-547-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LINDA M. SCHELL Date Daytime Phone #