

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90054 019 ****61.25

DOCUMENT # **N95000005722**
1. Entity Name

HIGHER LIVING MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
107 SUNNY BROOK
Suite, Apt. #, etc. **CIRCLE, S**

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH
Zip
32174
Country
US

City & State
Zip
Country

4. FEI Number
59-3387853
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
REV. LINDA M. SCHELL
Street Address (P.O. Box Number is Not Acceptable)
107 SUNNY BROOK CIRCLE, 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

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
PD
NAME
LINDA M. SCHELL, REV.
STREET ADDRESS
107 SUNNY BROOK CIRCLE, S
CITY - ST - ZIP
ORMOND BEACH FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
VO
NAME
BEVERLY WICKS
STREET ADDRESS
1705 BRAZILIAN LANE
CITY - ST - ZIP
WINTER PARK FL 32792

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
STD
NAME
CAROL HAMILTON
STREET ADDRESS
58 ROCKING FERN DR
CITY - ST - ZIP
PALM COAST FL 32164

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rev Linda M Schell, President** 4/17/02 386-547-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5757

CR2E037B (12/01)