## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002825

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Feb 22, 2007 Secretary of State

Entity Name: "LIVING IN GOD'S HIGHER TRUTHS" MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 112 WEST GREGORY STREET PENSACOLA, FL 32502 **Current Mailing Address: New Mailing Address:** 10137 HUNTSMAN PATH 112 WEST GREGORY ST PENSACOLA, FL 32514 PENSACOLA, FL 32502 FEI Number: 59-3429963 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, JOSEPH JR 112 WEST GREGORY STREET PENSACOLA, FL 32502 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** (X) Change ( ) Addition () Delete SCOTT, JOSEPH JR SCOTT, JOSEPH P DIRECTO Name: Name: 112 WEST GREGORY STREET Address: 112 WEST GREGORY STREET Address: City-St-Zip: PENSACOLA, FL. 32502 City-St-Zip: PENSACOLA, FL 32502 (X) Change ( ) Addition Title: VPD () Delete Title: SCOTT, BETTYE Name: SCOTT, BETTYE V DIRECTO Name: Address: 10137 HUNTSMAN PATH Address: 10137 HUNTSMAN PATH City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32514 Title: () Delete Title: TREA ( ) Change (X) Addition BETTYE, SCOTT T Name: Name: Address: Address: 10137 HUNTSMAN PATH City-St-Zip: City-St-Zip: PENSACOLA, FL 32514 Title: () Delete Title: SECR ( ) Change (X) Addition Name: Name: SHONDA, BIVENS S DIRECTO Address: Address: 112 WEST GREGORY ST City-St-Zip: City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: JOSEPH SCOTT JR. PRES 02/22/2007

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WILLIAM, TODD D DIRECTO

FT WALTON BEACH, FL 32548

TERRY, ABERNATHY D DIRECTO

228 CREWILLA DR

7370 HIGHWAY 95A N MILTON, FL 32577