

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90088 002 ****61.25

DOCUMENT # N98000002825

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



Principal Place of Business

**112 W GREGORY STREET
PENSACOLA FL 32501**

Mailing Address

**112 W GREGORY STREET
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3429963**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SCOTT, BETTYE
10137 HUNTSMAN PATH
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Betty Scott*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, JOSEPH JR	
STREET ADDRESS	10137 HUNTSMAN PATH	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCOTT, BETTYE	
STREET ADDRESS	10137 HUNTSMAN PATH	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARMER, SABRINA	
STREET ADDRESS	1384 TARA DAWN LANE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input type="checkbox"/> Delete
NAME	TODD, WILLIAM	
STREET ADDRESS	2288 CREWILLA DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANNON, WILLIAM D	
STREET ADDRESS	975 MAR WALT DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Betty Scott* **REQUIRED**

1-6-03

850 484-2406

CR2E037 (10/02)