

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005495

Entity Name: LIVING SCRIPTURES, INC.

Current Principal Place of Business:

10930 N. 29TH ST
TAMPA, FL 33612

Current Mailing Address:

P.O. BOX 82514
TAMPA, FL 33609

FEI Number: 80-0403669

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEELER, WILLIAM HIV
10930 N. 29TH ST
TAMPA, FL 33612 US

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

Officer/Director Detail :

Title D
Name KEELER, WILLIAM HIV
Address 10930 N. 29TH ST
City-State-Zip: TAMPA FL 33612

Title D
Name KEELER, LISA
Address 10930 N. 29TH ST
City-State-Zip: TAMPA FL 33612

Title D
Name ROBINSON, HARRY W
Address 2916 RAMADA DRIVE, #157
City-State-Zip: TAMPA FL 33613

Title D
Name MOLEA, JOSEPH M.D.
Address 4350 W. CYPRESS ST., STE 830
City-State-Zip: TAMPA FL 33607

Title D
Name ESTRADA, AMY R.N.
Address 8319 N. 40TH ST
City-State-Zip: TAMPA FL 33604

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM H. KEELER, IV

DIRECTOR

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date