

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90136 049 ****61.25

DOCUMENT # N01000006855

1. Entity Name

AMERICAN SCRIPTURE GIFT MISSION, INC.

STATE OF FLORIDA

Principal Place of Business

**3270 SUNTREE BLVD SUITE 204
 MELBOURNE, FL 32940**

Mailing Address

**PO BOX 410280
 MELBOURNE FL 32941**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-1352023

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**POWELL, GARY E
 3270 SUNTREE BLVD SUITE 204
 MELBOURNE FL 32940**

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.

SIGNATURE _____

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

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | POWELL, JAMES R |
| STREET ADDRESS | 7989 BUCK HAVEN VIEW |
| CITY-ST-ZIP | COLORADO SPRINGS CO 80919 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | EVANS, THOMAS |
| STREET ADDRESS | 1524 CARILLON PARK DR |
| CITY-ST-ZIP | OVIDO FL 32765 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | WYNNE, CARROLL |
| STREET ADDRESS | 72 CLOVER AVE |
| CITY-ST-ZIP | LANSLOWNE PA 19050-1620 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | C |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VC |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DR. DAVID CARLINT |
| STREET ADDRESS | 1 RIVERSIDE CLOSE |
| CITY-ST-ZIP | LANCASTER, ENGLAND LA 2 6NA |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REV. WALLY FANER |
| STREET ADDRESS | 22 LIME AVE. 1 RUFFEY, HORSHAM |
| CITY-ST-ZIP | WEST SUSSEX, ENGLAND RH12 4DZ |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MR. WILLIAM HOGG |
| STREET ADDRESS | 40 HAVERDALE RD. MISSISSAUGA |
| CITY-ST-ZIP | SCARBOROUGH, ONTARIO, CANADA |

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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/01)