

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004973

Entity Name: SCRIPTURAL INSIGHT, INC.**Current Principal Place of Business:**2319 SARATOGA BAY DRIVE
WEST PALM BEACH, FL 33409**Current Mailing Address:**2319 SARATOGA BAY DRIVE
WEST PALM BEACH, FL 33409 US**FEI Number:** 47-1032486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLOWACKI, HELEN L
2319 SARATOGA BAY DRIVE
WEST PALM BEACH, FL 33409 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	GLOWACKI, HELEN L
Address	2319 SARATOGA BAY DRIVE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	D
Name	JANSEN, ELIZABETH
Address	8165 120TH AVE N
City-State-Zip:	WEST PALM BEACH FL 33412

Title	D
Name	LEIPP, KATHARINA
Address	401 LAKE SHORE DRIVE, SUITE 802
City-State-Zip:	LAKE PARK FL 33403

Title	D
Name	SPERANZA, KEVIN
Address	2319 SARATOGA BAY DRIVE
City-State-Zip:	WEST PALM BEACH FLORIDA FL 33409

Title	D
Name	LANDOLFI, DANIEL
Address	8068 ROSE MARIE CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33472

Title	D
Name	PULJANOWSKI, JANEK
Address	176 CYPRESS TRACE
City-State-Zip:	ROYAL PALM BEACH FL 33411

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: HELEN L. GLOWACKI**PRESIDENT****02/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date