04-28-2002 90579 045 ****61.25

F01000002183

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

FILED

02 MAY -9 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002183

1. Entity Name
Sola Scriptura Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
290 S. County Farm Road	290 S. County Farm Road
Suite, Apt. #, etc.: 3rd Floor	Suite, Apt. #, etc.: 3rd Floor
City & State: Wheaton, IL	City & State: Wheaton, IL
Zip: 60187 Country: USA	Zip: 60187 Country: USA

4. FEI Number 36-3953755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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

FEE IS $61.25
Initial or Amended UBR

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	C
NAME	Van Kampen, Judith M.
STREET ADDRESS	5111 Isleworth Country Club Drive
CITY-ST-ZIP	Windermere, FL 34786
TITLE	D
NAME	Wisen, Kristen J.
STREET ADDRESS	13151 Lakeshore Drive
CITY-ST-ZIP	Grand Haven, MI 49417
TITLE	DP
NAME	Pierre, Scott R.
STREET ADDRESS	5092 Isleworth Country Club Drive
CITY-ST-ZIP	Windermere, FL 34786
TITLE	VS
NAME	Allen, David J.
STREET ADDRESS	111 North Wheaton Avenue
CITY-ST-ZIP	Wheaton, IL 60187
TITLE	T
NAME	Trannel, Jerald A.
STREET ADDRESS	937 St. Andrews Circle
CITY-ST-ZIP	Geneva, IL 60134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jerald J. Trannel Vice President 4-10-02 (630) 588-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #