

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91290 002 \*\*\*\*61.25

**DOCUMENT # F01000002183**

1. Entity Name  
**SOLA SCRIPTURA INC.**



Principal Place of Business  
**290 SOUTH COUNTY FARM ROAD, 3RD FLOOR  
WHEATON, IL 60187**

Mailing Address  
**290 SOUTH COUNTY FARM ROAD, 3RD FLOOR  
WHEATON, IL 60187**

**24055849**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**36-3953755**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME VAN KAMPEN, JUDITH M  
STREET ADDRESS 5111 ISLEWORTH COUNTRY CLUB DRIVE  
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WISEN, KRISTEN J  
STREET ADDRESS 13151 LAKESHORE DRIVE  
CITY-ST-ZIP GRAND HAVEN, MI 49417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME PIERRE, SCOTT  
STREET ADDRESS 5092 ISLEWORTH COUNTRY CLUB DRIVE  
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD ☒ Delete  
NAME ALLEN, DAVID J  
STREET ADDRESS 111 NORTH WHEATON AVENUE  
CITY-ST-ZIP WHEATON, IL 60187

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME TRANNEL, JERALD A  
STREET ADDRESS 937 ST. ANDREWS CIRCLE  
CITY-ST-ZIP GENEVA, IL 60134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TEASDALE, PAUL  
STREET ADDRESS PO BOX 547  
CITY-ST-ZIP ROBBINSVILLE, NC 28771

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Scott R. Pierre* Scott R. Pierre

Date

Daytime Phone #

4/23/04 (407) 581-4230