

FILED
Apr 07, 2008 08:00
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**



04042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3953755

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VAN KAMPEN, JUDITH M
STREET ADDRESS	6001 LOUISE COVE DRIVE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	WISER, KRISTEN J
STREET ADDRESS	13151 LAKESHORE DRIVE
CITY-ST-ZIP	GRAND HAVEN, MI 49417
TITLE	DP
NAME	PIERRE, SCOTT
STREET ADDRESS	5378 ISLEWORTH COUNTRY CLUB DRIVE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	T
NAME	TRANNEL, JERALD A
STREET ADDRESS	937 ST. ANDREWS CIRCLE
CITY-ST-ZIP	GENEVA, IL 60134
TITLE	D
NAME	TEASDALE, PAUL
STREET ADDRESS	PO BOX 547
CITY-ST-ZIP	ROBBINSVILLE, NC 28771
TITLE	S
NAME	TISCH, DEAN
STREET ADDRESS	4609 VINELAND RD
CITY-ST-ZIP	ORLANDO, FL 32811

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04/16/08-80070-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08

Date

407-581-4230

Daytime Phone *