

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90181 028 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☒ Change ☐ Addition
NAME **Van Kampen, Judith M.**
STREET ADDRESS **5111 Isleworth Country Club Drive**
CITY-ST-ZIP **Windermere, FL 34786**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Teasdale, Paul**
STREET ADDRESS **P.O. Box 547**
CITY-ST-ZIP **Robbinsville, NC 28771**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Hayden, Daniel**
STREET ADDRESS **4547 Village Wood Drive**
CITY-ST-ZIP **Orlando, FL 32835**

TITLE **VS** ☐ Delete
NAME **ALLEN, DAVID J**
STREET ADDRESS **111 NORTH WHEATON AVENUE**
CITY-ST-ZIP **WHEATON IL 60187**

TITLE **VSD** ☒ Change ☐ Addition
NAME **Allen, David J.**
STREET ADDRESS **111 North Wheaton Avenue**
CITY-ST-ZIP **Wheaton, IL 60187**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David J. Allen, Vice President 4-3-03 630-588-7200

CR2E037 (10/02)