

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004834

FILED
Jul 18, 2005
Secretary of State

Entity Name: SCARRELLA MINISTRIES, INC.

Current Principal Place of Business:

4976 NW 92ND AVENUE
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4976 NW 92ND AVENUE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 73-1553172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCARRELLA, THOMAS K
4976 NW 92ND AVENUE
SUNRISE, FL 33351 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCARRELLA, THOMAS K
Address: 2773 SOUTH OAKLAND FOREST DRIVE #304
City-St-Zip: OAKLAND PARK, FL 33309

Title: SD () Delete
Name: LAUGHLIN, DAVID
Address: 56966 JUNEAU ROAD
City-St-Zip: MANKATO, MN 56001

Title: TD () Delete
Name: ZITO, TOMMIE
Address: 1823 SW 176TH WAY
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCARRELLA, THOMAS K
Address: 4976 NW 92ND AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS SCARRELLA

PD

07/18/2005

Electronic Signature of Signing Officer or Director

Date