

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006470

1. Entity Name

SHALOM SCRIPTURE STUDIES, INC.

Principal Place of Business

PO BOX 756  
NAPLES FL 34106

Mailing Address

P.O. BOX 60580  
SAVANNAH GA 31420

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MOLLOY, JACK A REV.  
756 SOUTH 8TH AVE.  
NAPLES FL 34106

7. Name and Address of New Registered Agent

Name REV. JACK A. Molloy  
Street Address (P.O. Box Number is Not Acceptable) 542-10th St, N2  
City Naples FL Zip Code 34102

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

FILE NOW: FEE IS \$61.25

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          | PC                      | <input type="checkbox"/> Delete |
| NAME           | HIDALGO, ELIAS E REV    |                                 |
| STREET ADDRESS | 44-A LEE BLVD.          |                                 |
| CITY-ST-ZIP    | SAVANNAH GA 31405       |                                 |
| TITLE          | WVC                     | <input type="checkbox"/> Delete |
| NAME           | HIDALGO, ARI D          |                                 |
| STREET ADDRESS | 318 WILD HERON RD.      |                                 |
| CITY-ST-ZIP    | SAVANNAH GA 31419       |                                 |
| TITLE          | ATD                     | <input type="checkbox"/> Delete |
| NAME           | KNIBB, NATHAN REV       |                                 |
| STREET ADDRESS | 6524 WALKER STREET #210 |                                 |
| CITY-ST-ZIP    | ST LOUIS PARK MN 55426  |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-02

1-912-691-0709

FILED  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90188 022 \*\*\*\*\*70.00

127729



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7429296

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

CR2E037 (9/01)