2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000006470

KNIBB, NATHAN REV

6524 WALKER STREET #210

ST LOUIS PARK, MN 55426

Name:

Address:

City-St-Zip:

Entity Name: SHALOM SCRIPTLIRE STUDIES

FILED Jan 06, 2003 Secretary of State

Entity Nai	me: SHALON	1 SCRIPTURE STUDIES, INC				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
PO BOX 7 NAPLES, I						
Current Mailing Address:			New Maili	ng Address:		
P.O. BOX SAVANNA	60580 .H, GA 31420					
FEI Number:	: 23-7429296	FEI Number Applied For ()	FEI Number Not App	licable()	Certificate of Status Desi	red (X)
Name and	Address of	Current Registered Agent:	Name and	Address of N	ew Registered Agent	:
542-10TH NAPLES, I		JS submits this statement for the	purpose of changing i	ts registered of	fice or registered agen	t, or both,
SIGNATU						
	Electro	nic Signature of Registered Aલ	gent		Date	
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PC (HIDALGO, ELI 44-A LEE BLV SAVANNAH, G	D.	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VVC (HIDALGO, ARI 318 WILD HEF SAVANNAH, G	RON RD.	Title: Name: Address: City-St-Zip:	VVC (X) HIDALGO, ARI E P.O. BOX 60580 SAVANNAH, GA)	
Title:	ATD () Delete	Title:	()	Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ELIAS E. HIDALGO REV. 01/06/2003