

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J67837**

1. Corporation Name

SCRIPTURA INSPIRATIONAL RESOURCES, INC.

Principal Place of Business

2020 W. BRANDON BLVD
SUITE 155
BRANDON FL 33511
US

Mailing Address

2020 W. BRANDON BLVD
SUITE 155
BRANDON FL 33511
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1987

4. FEI Number

59-2822661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARNER, GLORIA J.
1309 E SPENCER ST
PLANT CITY FL 33566**

81 Name

Sharon W. Crosby

82 Street Address (P.O. Box Number is Not Acceptable)

2714 deMontmollin Rd

83

84 City

Plant City

FL

85 Zip Code
33565

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Sharon W. Crosby

(NOTE: Registered Agent signature required when reinstating)

8-23-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **WARNER, DONALD W.**
STREET ADDRESS **1309 E. SPENCER ST.**
CITY-ST-ZIP **PLANT CITY FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **CROSBY, FRANKLIN D.**
STREET ADDRESS **2714 DEMONTMOLLIN RD.**
CITY-ST-ZIP **PLANT CITY FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S** ☐ DELETE
NAME **WARNER, GLORIA J.**
STREET ADDRESS **1309 E SPENCER ST**
CITY-ST-ZIP **PLANT CITY FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **CROSBY, SHARON W.**
STREET ADDRESS **2714 DEMONTMOLLIN RD.**
CITY-ST-ZIP **PLANT CITY FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon W. Crosby

8-23-99

813/653-0755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0003634

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90001 048 ***550.00

