2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State
06-12-2001 90003 006 ****61.25

DOCUMENT # N00000001126

1. Entity Name

SINNER'S SANCTUARY INC.

Principal Place of Business	Mailing Address
PO BOX 1811 GOLDENROD FL 32733	PO BOX 1811 GOLDENROD FL 32733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1106 5th. Sanford Ave	Sinner's Sanctuary Inc
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 1811
City & State Sanford Fl. Seminole	City & State Goldenrod Fla.
Zip / Country Seminole	Zip / Country 32733 / Seminole

4. FEI Number: 59-363 4215 ☐ Applied For ☐ Not Applicable

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
TRIMBLE, SUSAN 1379 CHILEAN LANE WINTER PARK FL 32792	Name: Rebecca Scairpon Street Address (P.O. Box Number is Not Acceptable): 2287 Islandrun City: Winter Park FL Zip Code: 32792

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: R L Scairpon
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P Rebecca Taylor Scairpon 2287 Islandrun Winter Park Fl. 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete D Leonie Chandersingh 5646 Piney Ridge Dr. Orlando Fla. 32808	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete V Joan Maldonado 2287 Islandrun Winter Park Fla. 32792	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Skip Schmit (Rev) 1220 Central Fla Parkway Orlando Fla. 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition T Jane. Scairpon 2287 Islandrun Winter Park Fla. 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete T.D. Pastor Vernon Roberts 6220 AllAmerican Blvd Orlando Fla 32810	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition V Susan Trimble 612 Lillian Dr Orl Fla 32806

CR2E037 (10/00)

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: R L Scairpon PRESIDENT Rebecca Scairpon 6-8-01 4076720399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #