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: 32733 Country: 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 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 P NAME Rebecca Taylor Scairpon STREET ADDRESS 2287 Islandrun CITY-ST-ZIP Winter Park Fl. 32792 ☒ Change ☐ Addition
TITLE NAME Leonie Chander Singh STREET ADDRESS 5646 Piney Ridge Dr. CITY-ST-ZIP Orlando Fla. 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VP NAME Joan Maldonado STREET ADDRESS 2287 Islandrun CITY-ST-ZIP Winter Park Fla. 32792 ☑ Delete	TITLE NAME Skip Schmit (Rev) STREET ADDRESS 1220 Central Fla Parkway CITY-ST-ZIP Orlando Fla. 32837 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☑ Delete	TITLE T NAME Jame. Scairpon STREET ADDRESS 2287 Islandrun CITY-ST-ZIP Winter Park Fla. 32792 ☑ Change ☐ Addition
TITLE T.D. NAME Pastor Vernon Roberts STREET ADDRESS 6220 All American Blvd CITY-ST-ZIP Orlando Fla 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☑ Delete	TITLE V NAME Susan Trimble STREET ADDRESS 612 Lillian Dr CITY-ST-ZIP Orl Fla 32806 ☑ Change ☐ Addition

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 Scairpon SIGNATURE REQUIRED Rebecca Scairpon 6-8-01 407 672 0399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #