

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 30, 2002 8:00 am
Secretary of State

05-28-2002 91725 048 ****61.25

95591



DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000001126

1. Entity Name

SINNER'S SANCTUARY INC.

Principal Place of Business

1106 5TH SANFORD AVE.
SANFORD FL

Mailing Address

PO BOX 1811
GOLDENROD FL 32733

2. Principal Place of Business

8649 Contoura dr.

3. Mailing Address

P.O. Box 1811

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando Fla.

City & State
Goldenrod Fl.

4. FEI Number
59-3634215

Applied For
Not Applicable

Zip
32810

Country
Orange

Zip
32733

Country
Sem.

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

SCAIRPON, REBECCA -
2287 ISLANDRUN
WINTER PARK FL 32792

Name: Rebecca T. Scairpon
Street Address (P.O. Box Number is Not Acceptable):
8649 Contoura Drive
City: Orlando FL Zip Code: 32810

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

Rebecca T. Scairpon

5-8-02

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	D	☒ Delete
NAME	SIGNH, LEONIE C	
STREET ADDRESS	5646 PINEY RIDGE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	☒ Delete
NAME	ROBERTO, VERNON PASTOR	
STREET ADDRESS	2287 ISLANDRUN	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	T	☒ Delete
NAME	SCAIRPON, REBECCA-T	
STREET ADDRESS	2287 ISLANDRUN	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☒ Delete
NAME	SCHMIT, SKIP REV	
STREET ADDRESS	1220 CENTRAL FLORIDA PKWY	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	T	☒ Delete
NAME	SCAIRPON, JAMES	
STREET ADDRESS	2287 ISLANDRUN	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	V	☒ Delete
NAME	TRIMBLE, SUSAN	
STREET ADDRESS	612 LILIAN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE	T	☐ Change ☒ Addition
NAME	Schmidt-Irene	
STREET ADDRESS	310 Country Blv	
CITY-ST-ZIP	Kiss. Fl. 34741	
TITLE	T	☐ Change ☒ Addition
NAME	Yvonne Jacobs	
STREET ADDRESS	8649 Contoura Dr.	
CITY-ST-ZIP	Orlando Fla. 32810	
TITLE	T	☒ Change ☐ Addition
NAME	Scairpon, Rebecca-T	
STREET ADDRESS	8649 Contoura dr	
CITY-ST-ZIP	Orlando Fla. 32810	
TITLE	D	☒ Change ☐ Addition
NAME	Schmidt Skip Rev	
STREET ADDRESS	310 Country Blv	
CITY-ST-ZIP	Kiss. Fla. 34741	
TITLE	T	☒ Change ☐ Addition
NAME	Scairpon James Rev	
STREET ADDRESS	8649 Contoura Dr	
CITY-ST-ZIP	Orlando Fla. 32810	
TITLE	D	☒ Change ☐ Addition
NAME	Ruch Darryl	
STREET ADDRESS	914-B Lake Destiny Rd	
CITY-ST-ZIP	Alt. Spr. Fla. 32714	

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:

Rebecca T. Scairpon

5-8-02

321578 0306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)