

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90214 010 ***158.75

DOCUMENT # N00000001126

1. Entity Name

SINNER'S SANCTUARY INC.



Principal Place of Business

**8649 CONTOURA DR
ORLANDO FL 32810**

Mailing Address

**PO BOX 1811
GOLDENROD FL 32733**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3634215**

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

**SCAIRPON, REBECCA
8649 CONTOURIA DR
ORLANDO FL 32810**

Name

Taylor Rebecca (Pastor)

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

8649 Contoura Dr

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rebecca Taylor

4-30-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHMIDT, IRENE	
STREET ADDRESS	310 COUNTRY BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACOBS, YVONNE	
STREET ADDRESS	8649 CONTOURIA DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCAIRPON, REBECCA T	
STREET ADDRESS	8649 CONTOURA DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIT, SKIP REV	
STREET ADDRESS	310 COUNTRY BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCAIRPON, JAMES	
STREET ADDRESS	8649 CONTOURA DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUCH, DARRYL	
STREET ADDRESS	914-B LAKE DESTINY RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pres. Taylor Rebecca B (Pastor)
STREET ADDRESS	8649 Contoura Dr
CITY-ST-ZIP	Orlando FL 32810
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Taylor

4-30-03

CR2E037 (10/02)