

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2001 8:00 am
Secretary of State

07-03-2001 90001 049 *****61.25

DOCUMENT # N00000003395

1. Entity Name

SC MINISTRIES, INC.

Principal Place of Business

528 SUNNYBROOK CIRCLE WEST
 ORMOND BEACH FL 32174

Mailing Address

528 SUNNYBROOK CIRCLE WEST
 ORMOND BEACH FL 32174

554288

2. Principal Place of Business

528 Sunny Brook Cir.

3. Mailing Address

528 Sunny Brook Cir West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORMOND BEACH, FLA.



DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH FLA.

City & State

ORMOND BEACH FLA.

4. FEI Number

59-3665966

Applied For

Not Applicable

Zip

32174

Country

U.S.A.

Zip

32174

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINE, JOHN K
 528 SUNNYBROOK CIRCLE WEST
 ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name JOHN K. WINE

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

528 Sunny Brook Cir West

City ORMOND BEACH

FLA

FL

Zip Code

32174

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JUNE 22 2001

**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

TITLE D
 NAME WINE, JOHN K
 STREET ADDRESS 528 SUNNYBROOK CIRCLE WEST
 CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE D
 NAME TROTT, JIM
 STREET ADDRESS 49 KATHY DR
 CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE D
 NAME NEUBAUER, DAVID
 STREET ADDRESS 487 JOHN ANDERSON DR
 CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

John K. Wine

JOHN K. WINE 1-386-615 1411

CR2E037 (10/00)