

5/27

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90343 038 ****61.25

DOCUMENT # N01000000191

1. Entity Name

SCRIPTURA RESOUCCE CENTER, INC.

Principal Place of Business

Mailing Address

2020 WEST BRANDON BLVD STE 155
BRANDON, FL 335112020 WEST BRANDON BLVD STE 155
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

770 Dr. Martin Luther King Jr.
Suite, Apt. #, etc. Blvd. W.770 Dr. Martin Luther King Jr. Blvd. W.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Seffner FL

City & State

Seffner FL

4. FEI Number

59-3691365

Applied For

Not Applicable

Zip

33584

Country

Hillsborough

Zip

33584

Country

Hillsborough

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

CROSBY, SHARON W
2020 WEST BRANDON BLVD STE 155
BRANDON FL 33511

Name Sharon W. Crosby

Street Address (P.O. Box Number is Not Acceptable)
770 Dr. Martin Luther King Jr. Blvd. W.

City Seffner

FL

Zip Code
33584

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

Sharon W. Crosby

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WARNER, GLORIA J	
STREET ADDRESS	1309 E SPENCER ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CROSBY, SHARON W	
STREET ADDRESS	2714 DEMONTMOLLIN RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Joe D. Lightfoot	
STREET ADDRESS	229 Jefferson Apt. #2	
CITY-ST-ZIP	ELGIN IL 60120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 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:

SIGNATURE REQUIRED

Sharon W. Crosby, Secretary/Treasurer

Sharon W. Crosby 6-13-02 813-653-0755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)