

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90108 017 ****61.25

DOCUMENT # N01000004856

1. Entity Name

SCOTT DOWNING MINISTRIES, INC.



Principal Place of Business

**509 MOSELEY AVE
PALATKA FL 32177**

Mailing Address

**509 MOSELEY AVE
PALATKA FL 32177**

2. Principal Place of Business

113 Vintage Lane
Suite, Apt. #, etc.

Palatka, FL
City & State

3. Mailing Address

113 Vintage Lane
Suite, Apt. #, etc.

Palatka, FL
City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3732011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOWNING, SCOTT G
509 MOSELEY AVE
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name **Scott G. Downing**

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

113 Vintage Lane

Palatka, FL 32177

City

FL

Zip Code

32177

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

Scott G. Downing

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DOWNING, SCOTT G. 509 MOSELEY AVE PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, KAREN C 509 MOSELEY AVE PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, KRISTEN N 509 MOSELEY AVE PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, PATRICIA A 3429 BAINBRIDGE RD LOT J PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASH, SAM 1071 SUNNYSIDE DR ATHENS GA 30606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINGER, RAY 822 ARNOLDS VILLE RD WINTERVILLE GA 30683	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Downing, Scott G. 113 Vintage Lane Palatka, FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Downing, Karen C. 113 Vintage Lane Palatka, FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Downing, Kristen N. 113 Vintage Lane Palatka, FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Scott G. Downing

4/7/03 386-326-3614

CR2E037 (10/02)