2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90550 015 ****61.25

DOCUMENT # N0100006472 1. Entity Name ROBERT SCARALLO MINISTRIES, INC.						05-02-200	5 90550 0)15 ****	61.25	
Principal Place 504 CHESTN OLDSMAR, F	IUT STREET		ing Address 4 CHESTNUT STREET DSMAR, FL 34677		14015086					
2 Principal F	Place of Business	3. Mailing Address								
			•			II 13841 8.0111 8.0141 8.011	II 33 111 24 11 0 2 3111			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03172005 C	Chg-NP	CR2E037	(10/03)		
City & Stat	е	City & State	City & State		4. FEI Number 59-37475	48			oplied For ot Applicabl	
Zip Country		Zip Co		ntry	5. Certificate of Status Desired S8.75 Ac Fee Requir		8.75 Add	ditional		
	6. Name and Address of Curre	nt Registered Agent			7. Name and Ad	dress of New R			· · · · · · · · · · · · · · · · · · ·	
SCARALLO, ROBERT				Name						
504 CHESTNUT STREET OLDSMAR, FL 34677				Street Address	s (P.O. Box Number is	Not Acceptable	e)			
	,, = ,,,,,									
							FL	Zip Cod		
the obligat	e named entity submits this statement tions of registered agent. 7. 5. Signature, typed or privited name of registered age				red when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2005	l l	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 D		11.		ADDITIONS/CHANG			CTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP	SCARALLO, ROBERT 504 CHESTNUT STREET OLDSMAR, FL 34677	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				Change	☐ Additio	
NAME STREET ADDRESS CITY-ST-ZIP	D SCARALLO, DEIDRE 504 CHESTNUT STREET OLDSMAR, FL 34677	☐ Delete	TITLE NAME STREET CITY-5	T ADDRESS			1	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	D CAPUTO, ELISEO 504 CHESTNUT STREET OLDSMAR, FL 34677	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			- (Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D STEUER, MICHAEL E 2613 BELLHURST DR DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			(☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	,	-	-	Change	Addition	
12. I hereby of indicated of the cor	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em	ith this filing does not qualit t is true and accurate and the powered to execute this re	ty for the exeminate my signature	nption stated in Si ire shall have the	Section 119.07(3)(i), Flee same legal effect as	lorida Statutes. I if made under o	further certifoath; that I am	y that the in an officer	nformation or director	

changed, or on an attachment with an address, with all other like empowered