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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90125 012 ****61.25

DOCUMENT # N9400000834

1. Corporation Name

	SCAPE MINISTRIES, INC.									
Principal Flace	e of Business	Mailing Address								
_109 CALL STE	REET	17 23 37 75					e ll el lil e l			
STARKE F. 3	2091	STADIKE EL 92091	76				e n en 1860			
US		RY6 Box 9	V D			1 10011127 010 10111 01	841 6 841 941			
		Stark H.	3209	<u>/</u>						
2. Principal P	Place of Business	2a. Mailing Address				3. Date Incorporated or 02/18/1994	Qualifed			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			Ap	olied For
22		27				59-3246451			No	. Applicable
City & Stat	te	City & State				5. Certifcate of Status I	Desired		\$8.75 / Fee Re	I .
23	Country	Zip	Cou	ntry		6. Election Campaign F	inancing		\$5.00	
24	25	29	30			Trust Fund Contribut	_		Added 1	
	9. Name and Address of Curre		1001			10. Name and Address		Registero	d Agent	
			_	81 h	Name					
RROWNE	P VIVIAN I			82 5	Stroot Ailds	ess (P.O. Box Number is N	ot Accent	able)	·	
BROWI)ER, VIVIAN L RT BOX 975				02	SUBBL AND	ess (F.O. DOX Number is N	от лосери	aule)		
STÄRKE	FI 32091			83			_			
O I / WIII C	1 6 0200 1			84 (Ni.				. 85 Zip (Code
				ľ	City			F	L []	Į
office or r	to the provisions of S∋ctions 617.08 registered agent, or bcth, in the Statem familiar with, and a∋cept the oblig	e of Florida. Such change was :	authorized	i by the	e corporation	on's board of directors. I he	reby acce	pt the app	pointment as re	gistered
·	Signature, typed or printed name of registered as			Agent się	nature req ilred	ADDITE ONS/CHANGE	- TO OF	DATE	ND DIRECTO	CIE IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGE	SIOUR	FICERS	AND DIRECTO	PRODUNIZ I
TITLE		- Delete	44.70		T					
	P .	☐ DELETE	1,1 (1)						Change	Addition
NAME	BROWDER, HENRY E	☐ DELETE	1.2 N	AME						
STREET ADDRESS	BROWDER, HENRY E RT BOX 975	☐ DELETE	1.2 NJ 1.3 ST	NE TREET AD						
STREET ADDRESS CITY-ST-ZIP	BROWDER, HENRY E		1.2 N/ 1.3 ST 1.4 CI	AME TREET AD					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	BROWDER, HENRY E RT BOX 975 STARKE FL 32091	DELETE	1.2 NJ 1.3 ST 1.4 CI	AME TREET AD TY-ST-ZI						
STREET ADDRESS CITY-ST-ZIP TITLE NAME	BROWDER, HENRY E RT BOX 975 STARKE FL 32091 V BROWDER, PATRICIA L		1.2 N/ 1.3 ST 1.4 CI 	TREET AD TY-ST-ZI TLE	P	,			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE - NAME STREET ADDRESS	BROWDER, HENRY E RT BOX 975 STARKE FL 32091 V BROWDER, PATRICIA L RT BOX 975		1.2 N/ 1.3 ST 1.4 CI 	TY-ST-ZI TLE AME TREET AD	DRESS				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWDER, HENRY E RT BOX 975 STARKE FL 32091 V BROWDER, PATRICIA L RT BOX 975 STARKE FL 32091		1.2 N/ 1.3 ST 1.4 CI 	AME TREET AD TY-ST-ZI TLE AME TREET AD	DRESS			-	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BROWDER, HENRY E RT BOX 975 STARKE FL 32091 BROWDER, PATRICIA L RT BOX 975 STARKE FL 32091 ST BROWDER, VIVIAN L	DELETE_	1.2 Nu 1.3 ST 1.4 CI 	TREET AD TY-ST-ZI TLE AME TREET AD TY-ST-ZI TLE TREET AD	P				☐ Change	☐ Addition
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STREET ADDRE SS CITY-ST-ZIP TITLE	BROWDER, HENRY E RTA BOX 975 STARKE FL 32091 V BROWDER, PATRICIA L RTA BOX 975 STARKE FL 32091 ST BROWDER, VIVIAN L RTA BOX 975 STARKE FL 32091 D MUNN, ROBBIE J 833 WEST MADISON STARKE FL TR HOLLOWAY, CHRIS RT 1 BOX 145	DELETE	12 Nv 1.3 ST 1.4 CI 2.1.TI 22 Nv 2.3 ST 2.4 C 3.1 TI 3.2 Nv 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 Nv 5.3 S'	TY-ST-ZI TY-ST-ZI THE TREET AD TY-ST-ZI TY-ST-ZI TY-ST-ZI TY-ST-ZI TY-ST-ZI TY-ST-ZI TY-ST-ZI TY-ST-ZI TY-ST-ZI TILE THE TREET AD TY-ST-ZI TILE TY-ST-ZI TILE TY-ST-ZI TILE TY-ST-ZI TILE TY-ST-ZI TY-ST-ZI TY-ST-ZI TY-ST-ZI TY-ST-ZI	P DRESS IIP DRESS IP DRESS P ORESS				☐ Change ☐ Change ☐ Change	Addition Addition Addition
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07.3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 517, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address, with a lother like empowered.