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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90037 046 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000006014

1. Corporation Name

SCOTT CHAPMAN MINISTRIES, INC.

9/0233 - 90037 - 46

Principal Place of Business  
P.O. BOX 470271  
TULSA OK 74147

Mailing Address  
P.O. BOX 470271  
TULSA OK 74147



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3275223	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	

9. Name and Address of Current Registered Agent

CHAPMAN, SCOTT  
832 BRENTWOOD DRIVE  
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name CHAPMAN, SCOTT  
82 Street Address (P.O. Box Number is Not Acceptable)  
6136 Popper Trail  
83  
84 City Mulberry FL 85 Zip Code 33860

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, SCOTT A	1.2 NAME	
STREET ADDRESS	832 BRENTWOOD DRIVE	1.3 STREET ADDRESS	6136 Popper Trail
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, CATHY	2.2 NAME	
STREET ADDRESS	832 BRENTWOOD DRIVE	2.3 STREET ADDRESS	6136 Popper Trail
CITY-ST-ZIP	LAKE WALES FL 33853	2.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDSOR, EDWARD	3.2 NAME	
STREET ADDRESS	13201 MORRIS RD SE	3.3 STREET ADDRESS	15 S.W. 3rd. Ave.
CITY-ST-ZIP	YELM WA 98597	3.4 CITY-ST-ZIP	High Springs, FL 32643
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-19-99

918 258 4041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)