

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006014

1. Entity Name

SCOTT CHAPMAN MINISTRIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90154 023 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 470271
 TULSA OK 74147
 US

P.O. BOX 470271
 TULSA OK 74147-0271
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3275223

Applied For

Not Applicable

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

CHAPMAN, SCOTT
 6136 POPHER TRAIL
 MULBERRY FL 33860

Name

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

City

FL

Zip Code

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

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 Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME PT
 STREET ADDRESS CHAPMAN, SCOTT A
 CITY-ST-ZIP 6136 POPHEN TRAIL
 MULBERRY FL 33860

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS CHAPMAN, CATHY
 CITY-ST-ZIP 6136 POPHEN TRAIL
 MULBERRY FL 33860

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME T
 STREET ADDRESS ANDERSON, EDWIN
 CITY-ST-ZIP 15 S.W. THIRD AVENUE
 HIGH SPRINGS FL 32643

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Cathy Chapman
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2000

Date

(913) 258-4041

Daytime Phone #

CR2E037 (9/99)