

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000006014

1. Entity Name
SCOTT CHAPMAN MINISTRIES, INC.



Principal Place of Business

P.O. BOX 470271
TULSA, OK 74147 US

Mailing Address

P.O. BOX 470271
TULSA, OK 74147 US

FILED
Jan 20, 2004 08:00 AM
Secretary of State



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3275223

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHAPMAN, SCOTT
5623 WATER OAK LANE
MULBERRY, FL 33860

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT CHAPMAN, SCOTT A 5623 WATER OAK LANE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST CHAPMAN, CATHY 5623 WATER OAK LANE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ANDERSON, EDWIN 15 S.W. THIRD AVENUE HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000009200
01/20/04-80095-022 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #