

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006014

FILED
Apr 20, 2005
Secretary of State

Entity Name: SCOTT CHAPMAN MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 470271
TULSA, OK 74147 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470271
TULSA, OK 74147 US

New Mailing Address:

FEI Number: 59-3275223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, SCOTT
5623 WATER OAK LANE
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CHAPMAN, SCOTT A
Address: 5623 WATER OAK LANE
City-St-Zip: MULBERRY, FL 33860

Title: ST () Delete
Name: CHAPMAN, CATHY
Address: 5623 WATER OAK LANE
City-St-Zip: MULBERRY, FL 33860

Title: T () Delete
Name: ANDERSON, EDWIN
Address: 15 S.W. THIRD AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A CHAPMAN

PT

04/20/2005

Electronic Signature of Signing Officer or Director

Date