

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 06, 1999 8:00 am  
Secretary of State

07-06-1999 90010 001 \*\*\*\*65.00

DOCUMENT # N94000006201

1. Corporation Name

SCARLETT CORD MINISTRIES, INC.

Principal Place of Business

4047 PETERS RD  
PLANTATION FL 33317  
US

Mailing Address

4047 PETERS RD  
PLANTATION FL 33317  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/20/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

ROLAND, ED  
5739 PINE TERRACE  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

PHILIP DOYLE

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

2441 NE 22 AVE.

83

84 City LIGHTHOUSE PT FL

85 Zip Code

33064

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 date if applicable.

(NOTE: Registered agent signature required when reinstating)

6/17/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME CURRIE, MYRNA L.  
STREET ADDRESS 4047 PETERS RD  
CITY-ST-ZIP PLANTATION FL

TITLE ☒ DELETE

SD  
NAME BHUTTA, SANDRA  
STREET ADDRESS 1114 NE 17 WAY  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ DELETE

D  
NAME ROLAND, ED  
STREET ADDRESS 5739 PINE TERRACE  
CITY-ST-ZIP PLANTATION FL

TITLE ☒ DELETE

T  
NAME SMITH, TREVOR  
STREET ADDRESS 11050 NW 27 PLACE  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD Idalia Amigo Sr  
Idalia Amigo  
3215 NW 104 Ter.  
Sunrise, FL 33351

T Doyle, Carol  
2441 NE 22 Ave.  
Lighthouse Pt. FL 33064

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:

Myrna L. Currie  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 29, 1999 954-584-7406

CR2E037 (1/98)