

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N94000006201 (7)

1. Entity Name

Scarlet Cord Ministries Inc.

FILED

02 MAR 11 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5920 NW 16 Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 2

City & State
Sunrise

City & State

Zip
FL 33313

Country
USA

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Phil Doyle

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

2441 NE 22nd Ave.

Lighthouse Point

City

FL Zip Code
33064

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
Currie, Myrna L.
5920 NW 16 Pl #2
Sunrise, FL 33313

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
Amigo, Idalia
3215 NW 104 Terrace
Sunrise, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
Carol Doyle
2441 NE 22nd Ave.
Lighthouse, FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
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CITY - ST - ZIP
700005180287--
-04/01/02--01078--001
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700005180287--
-04/01/02--01078--002
*****61.25 *****61.25

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: Myrna Loy Currie Myrna Loy Currie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 28, 01 954-495-2628

Date

Daytime Phone #

CR2037B (12/01)

2012

February 17, 2002

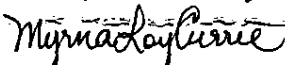
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Sir/Madam:

Re: Reinstatement of Scarlet Cord Ministries Inc. (N 94000006201)

I hereby apply for a reinstatement of Scarlet Cord Ministries Inc. The problem is that I never received a Uniform Business Report Form. I had some difficulty downloading the UBR from the computer. I intended it to get to your Office, thus I sent it by express mail.

Thank you.


Myrna Loy Currie
President/Director