NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (LEGR)

1d2

DOCUMENT # N9400006201 (7)				ED	
Scarlet Cord Ministries Inc.		02 MAR 11	02 MAR II AM 8: 36 SECRETARY OF STATE ALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPACE					SECRETAR' ALLAHASS
2. Principal Place of Business 5920 NW 16 Place	3. Mailing Address			. 7	
Suite, Apt. #, etc. Suite, Apt. #, etc.		***************************************	01-07	01-0 Zoo Morthante In THISISPAGEN	
City & State Suncise	City & State		4. FEI Number	Applied For	
Country FL33313 USA	Zip	Country	5. Certificate of S	PRICABLE Not Applicable tatus Desired \$8.75 Additional	
			7. Name and Addr	Fee Required ess of Current Registered Agent	
DO NOT WRITE		Name Phil Doyle Street Address (P.O. Box Number is Not Acceptable)			
IN THIS S		Street Address' (P.O. Box Number is Not Acceptable) 2441 NE 22 nd Ave.		· · · · · · · · · · · · · · · · · · ·	
THIS STAGE		Lighthouse Point			
	ent for the purpose of changing its	registered office or red	gistered agent, or both, in	FL 3j Code 4	
8. The above named entity submits this stateme	, ,	-5	_		
8. The above named entity submits this statement is a statement of registered and stat		: Registered Agent signature re		DAIL	
SIGNATURE Signature, typed or printed name of registered in FEE IS \$61,25 Initial or Amended UBR	egent and tatio of applicable. (NO III 9. Election Can Trust Fund C	: Registered Agent signsoure re		Make Check Payable to Department of State	
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND	9. Election Can Trust Fund C	: Registered Agent signsbure re	\$5.00 May Be Added to Fees	Make Check Payable to Department of State	
FEE IS \$61,25 Initial or Amended UBR 10. OFFICERS AND ITILE NAME STREET ADDRESS STREET ADDRESS SIGNATURE	9. Election Can Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OCIOS 1/80/2/877	
SIGNATURE Signature, typed or printed name of registered in the printed name of registered in the printed name of registered in the printed	9. Election Can Trust Fund C	TRILE NAME STREET ADDRESS COTO STORY	\$5.00 May Be Added to Fees	Make Check Payable to Department of State COD'S 1 BUZIB 7——7 -04/01/02—01078—001 *****61, 25 ****#61, 25	
SIGNATURE Signature, typed or printed name of registered in the printed name of registered in the printed name of registered in the printed part of the printed name of registered in the printed name of registered in the printed part of the printed name of registered in the printed part of the printed name of registered in the printed part of the printed name of registered in the printed part of the printed	9. Election Can Trust Fund C	Paign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State COD'S 1 BUZIB 7——7 -04/01/02—01078—001 *****61, 25 ****#61, 25	
FEE IS \$61.25 Initial or Amendad UBR 10. OFFICERS AND ITTLE NAME STREET ADDRESS CITY- ST- ZIP VALUE SUMME STREET ADDRESS	9. Election Can Trust Fund C	TRUE NAME STREET ADDRESS CITY ST 218	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OCIOS 1/80/2/877	
FEE IS \$61.25 Initial or Amendad UBR 10. OFFICERS AND ITTLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP SUNCISC. FL SUNCISC. FL TITLE NAME STREET ADDRESS CITY-ST-ZIP SUNCISC. FL TITLE TO THE	9. Election Can Trust Fund C D DIRECTORS	TRUE NAME STREET ADDRESS CITY ST ZIP TRUE NAME STREET ADDRESS CITY ST ZIP TRUE TRUE NAME STREET ADDRESS CITY ST ZIP TRUE TRUE NAME STREET ADDRESS CITY ST ZIP	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OODS 180287	
FEE IS \$61.25 Initial or Amendad UBR 10. OFFICERS AND ITTLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP SUNCISC. FL SUNCISC. FL TITLE NAME STREET ADDRESS CITY-ST-ZIP SUNCISC. FL TITLE TO THE	9. Election Can Trust Fund C D DIRECTORS	THE NAME STREET ADDRESS CITY ST ZIP	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OODS 1802877 -04/01/0201078001 ******61.25 OOUS 1802877 -04/01/0201078002 ****#61.25 ******61.25	
SIGNATURE Signature. Typed or pritted name of registered in the principle of pritted name of registered in the principle. FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND ITILE PD CUTTIE, MYTTA L STREET ADDRESS CITY-SI-ZIP SUNTISE, FL 3331 STREET ADDRESS CITY-SI-ZIP SUNTISE, FL TD Corol Doyle 2441 NE 22nd Ave. Lighthouse, FL 330	9. Election Can Trust Fund C D DIRECTORS	TRUE NAME STREET ADDRESS GITY ST ZIP	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OODS 180287—1-04/01/0201078001 ******61.25 ******61.25 OOUS 180287	
SIGNATURE Signature. Typed or pritted name of registered in the principle of pritted name of registered in the principle of pritted name of registered in the principle of pritted that is a superior of the principle of the prin	9. Election Can Trust Fund C D DIRECTORS	TRUE NAME STREET ADDRESS GITY ST 2P	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OODS 1802877 -04/01/0201078001 ******61.25 OOUS 1802877 -04/01/0201078002 ****#61.25 ******61.25	
SIGNATURE Signature. typed or pritted name of registered in the street address city-st-zip STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SIGNATURE SOPPONION SIGNATURE SUPPONION SIGNATURE SIGNATURE SOPPONION SIGNATURE SOPPONION SIGNATURE SIGNATURE SOPPONION SOPPONION SOPPO	9. Election Can Trust Fund C D DIRECTORS	TRUE NAME STREET ADDRESS GITY ST 2IP	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OODS 180287—1-04/01/0201078001 ******61.25 ******61.25 OOUS 180287	
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND ITILE NAME STREET ADDRESS CITY-ST-ZIP TO COPPLE SUMPLE SUMP	9. Election Can Trust Fund C D DIRECTORS	TITLE NAME STREET ADDRESS GITY ST JP	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OODS 180287—1-04/01/0201078001 ******61.25 ******61.25 OOUS 180287	
FEE IS \$61.25 Initial or Amendad UBR 10. OFFICERS AND ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP SUNCISC, FL 3331 ITILE NAME STREET ADDRESS CITY-ST-ZIP SUNCISC, FL 3331 STREET ADDRESS CITY-ST-ZIP SUNCISC, FL SUNCISC, FL TD TILE SUNCISC, FL TD	9. Election Can Trust Fund C D DIRECTORS	TRUE NAME STREET ADDRESS GITY ST 2P	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OODS 180287—1-04/01/0201078001 ******61.25 ******61.25 OOUS 180287	
SIGNATURE Signature. Typed or printed name of registered in the printed name of registered in the printed name of registered in the printed p	9. Election Can Trust Fund C D DIRECTORS	TRUE NAME STREET ADDRESS GITY ST 2P	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OODS 180287—1-04/01/0201078001 ******61.25 ******61.25 OOUS 180287	
SIGNATURE Signature. typed or pritted name of registered in the street address city-st-zip The name street address city-st-zip	9. Election Can Trust Fund C D DIRECTORS	TITLE NAME STREET ADDRESS CITY ST 2P	\$5.00 May Be Added to Fees	Make Check Payable to Department of State OODS 180287—1-04/01/0201078001 ******61.25 ******61.25 OOUS 180287	

of the corporation 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 attachment with an address, with all other like empowered.

SIGNATURE: Myrna Loy Currie December 28, 01 954-485-2628

SKONTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OR DIRE

rolz

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