

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90059 020 ****61.25

DOCUMENT # N94000006201

1. Entity Name
SCARLETT CORD MINISTRIES, INC.



Principal Place of Business
5920 N.W. 16 PLACE. APT. 2
SUNRISE FL 33313
US

Mailing Address
5920 N.W. 16 PLACE. APT. 2
SUNRISE FL 33313
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE, PHIL
2441 NE 22 AVE
LIGHTHOUSE POINT FL 33064

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE PD ☐ Delete
NAME CURRIE, MYRNA L.
STREET ADDRESS 5920 N.W. 16 PLACE, APT. 2
CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Change ☒ Addition
NAME D Arlene Hardy-Williams
STREET ADDRESS 1329 NW 8 Ave
CITY-ST-ZIP Ft Lauderdale, FL 33311

TITLE SD ☐ Delete
NAME AMIGO, IDALIA
STREET ADDRESS 3215 NW 104 TER
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DOYLE, CAROL
STREET ADDRESS 2441 NE 22 AVE
CITY-ST-ZIP LIGHTHOUSE FL 33064

TITLE ☐ Change ☒ Addition
NAME M Oliver Phillips
STREET ADDRESS 4724 NW 4 St
CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Myrna L. Currie **REQUIREM** Myrna L. Currie June 10 03 954485-2628

CR2E037 (10/02)