

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91321 005 \*\*\*\*61.25

**DOCUMENT # N95000002627**

1. Entity Name

**SCOTT JOINER MINISTRIES, INC.**

Principal Place of Business

~~117 CHASTEEN ST~~  
**PUNTA GORDA FL 33950**

Mailing Address

**P O BOX 511087**  
**PUNTA GORDA FL 33950**

2. Principal Place of Business

**200 Harbor Walk Drive**  
 Suite, Apt. #, etc.  
**# 331**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Punta Gorda FL**

City & State

Zip  
**33950**

Country

Zip

Country

4. FEI Number

**65-0578846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JOINER, SCOTT**  
~~117 CHASTEEN ST~~  
**PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

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

**200 Harbor Walk Drive #331**  
**Punta Gorda**

City

**FL**

Zip Code

**33950**

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

**FILE NOW: FEE IS \$61.25**

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 **D** ☐ Delete  
 NAME **JOINER, SCOTT**  
 STREET ADDRESS **97 SABAL DRIVE**  
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** ☐ Delete  
 NAME **JOINER, PAMELA**  
 STREET ADDRESS **25106 BOLIVAR**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33983**

TITLE **D** ☐ Delete  
 NAME **JOINER, JOHN**  
 STREET ADDRESS **25106 BOLIVAR**  
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **200 Harbor Walk Drive #331**  
 CITY-ST-ZIP **Punta Gorda FL 33950**

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

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

TITLE ☐ Change ☐ Addition  
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 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:

**SIGNATURE REQUIRED**  
 Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

**4/30/02** **(941) 629-1197**

CR2E037 (9/01)