

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

Mailing Address

~~117 CHASTEEN ST~~
PUNTA GORDA FL 33950

P O BOX 511087
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Pres/Director **4/30/02** **(941)629-1197**
 Date Daytime Phone #

CR2E037 (9/01)