

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

04-25-2001 91000 009 \*\*\*\*61.25

**DOCUMENT # N98000001395**

1. Entity Name

**UNVEILED PRAYER MINISTRIES, INC.**

Principal Place of Business

Mailing Address

2301 PARK AVE STE 406  
 ORANGE PARK FL 32073

2301 PARK AVE STE 406  
 ORANGE PARK FL 32073

2. Principal Place of Business

462 Kingsley Avenue, Suite 101

3. Mailing Address

462 Kingsley Avenue, Suite 101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

Orange Park, Florida

City & State

Orange Park, Florida

Zip

32073

Country

USA

Zip

32073

Country

USA

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**TOLSON, JOHN F JR**  
**462 KINGSLEY AVE., STE 101**  
**ORANGE PARK FL 32073**

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.

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**  
**After September 12, 2001, min. will be \$236.25**

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 NAME ☐ Delete  
**D**  
**TORLEY, KAREN R**  
 STREET ADDRESS  
**1717 COUNTY RD. 220 (805)**  
 CITY-ST-ZIP  
**ORANGE PARK FL 32073**

TITLE NAME ☒ Change ☐ Addition  
**President / Director**  
**Karen R. Torley Scaife**  
 STREET ADDRESS  
**1816 Sentry Oak Ct.**  
 CITY-ST-ZIP  
**Green Cove Springs, FL 32043**

TITLE NAME ☐ Delete  
**D**  
**MCCARRAGHER, DEBORAH L**  
 STREET ADDRESS  
**2001 WATER CREST DRIVE**  
 CITY-ST-ZIP  
**ORANGE PARK FL 32073**

TITLE NAME ☐ Change ☒ Addition  
**Vice President / Director**  
**Shelton C. Scaife**  
 STREET ADDRESS  
**1816 Sentry Oak Ct.**  
 CITY-ST-ZIP  
**Green Cove Springs, FL 32043**

TITLE NAME ☐ Delete  
**D**  
**JENSEN, JAMES J**  
 STREET ADDRESS  
**9047 SAN JOSE BLVD APT 301**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32257**

TITLE NAME ☒ Change ☐ Addition  
**Vice-President / Director**  
**James J. Jensen**  
 STREET ADDRESS  
**9047 San Jose Blvd. Apt. #301**  
 CITY-ST-ZIP  
**Jacksonville, Florida 32257**

TITLE NAME ☒ Delete  
**DS**  
**SCHULTZ, CHELINE**  
 STREET ADDRESS  
**7641 RIVER AVE**  
 CITY-ST-ZIP  
**GREEN COVE SPRINGS FL 32043**

TITLE NAME ☒ Change ☐ Addition  
**Secretary / Treasurer / Director**  
**Deborah McCarragher**  
 STREET ADDRESS  
**2004 WaterCrest Drive**  
 CITY-ST-ZIP  
**Orange Park, Florida 32003**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:

*Karen R. Torley Scaife* 8/20/01

CR2E037 (5/01)