

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90097 012 \*\*\*\*61.25

**DOCUMENT # N98000001395**

1. Entity Name

**UNVEILED PRAYER MINISTRIES, INC.**



Principal Place of Business

**462 KINGSLEY AVE  
SUITE 101  
ORANGE PARK FL 32073**

Mailing Address

**462 KINGSLEY AVE  
SUITE 101  
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

**2004 Water Crest Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Orange Park FL**

Zip

Country

Zip

Country

**32003**

**USA**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>TORLEY SCAIFE, KAREN R</b>	
STREET ADDRESS	<b>1816 SENTRY OAK CT</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>MCCARRAGHER, DEBORAH L</b>	
STREET ADDRESS	<b>2004 WATERCREST DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32003</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>JENSEN, JAMES J</b>	
STREET ADDRESS	<b>9047 SAN JOSE BLVD APT 301</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>SCAIFE, SHELTON C</b>	
STREET ADDRESS	<b>1816 SENTRY OAK CT</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORLEY SCAIFE, KAREN R</b>	
STREET ADDRESS	<b>2530 WILLOW CREEK DR.</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32003</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENSEN, JAMES J</b>	
STREET ADDRESS	<b>5218 SAGINAW AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCAIFE, SHELTON C.</b>	
STREET ADDRESS	<b>2530 WILLOW CREEK DR.</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32003</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen R. Torley Scaife* **Karen R. Torley Scaife** 1/15/03 (904) 375-5500

CR2E037 (10/02)