

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90104 015 \*\*\*\*61.25

DOCUMENT # N98000005446

1. Corporation Name

THE SCEPTER MINISTRIES, INC.

Principal Place of Business

5960 PELICAN BAY BLVD. #322  
NAPLES FL 34108

Mailing Address

5960 PELICAN BAY BLVD. #322  
NAPLES FL 34108

\* 4 458552 - 90104 - 15



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/21/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3535644

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARMIE, CLAUDIA A  
5960 PELICAN BAY BLVD. #322  
NAPLES FL 34108

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT  
NAME CLAUDIA A. MARMIE  
STREET ADDRESS 5960 PELICAN BAY BLVD #322  
CITY-ST-ZIP NAPLES, FL 34108

DELETE

Change Addition

TITLE VICE PRESIDENT  
NAME RALPH E. MARMIE  
STREET ADDRESS 5960 PELICAN BAY BLVD #322  
CITY-ST-ZIP NAPLES, FL 34108

DELETE

Change Addition

TITLE DIRECTOR  
NAME PASTOR ANDREW DELONG  
STREET ADDRESS 621 RIDGE DR.  
CITY-ST-ZIP NAPLES, FL 34108

DELETE

Change Addition

TITLE DIRECTOR  
NAME PASTOR SUSAN DIAMOND  
STREET ADDRESS 1789 MANDARIN RD.  
CITY-ST-ZIP NAPLES, FL 34102

DELETE

Change Addition

TITLE DIRECTOR  
NAME GARY STOVER  
STREET ADDRESS 4101 BELAIR LN  
CITY-ST-ZIP NAPLES, FL 34103

DELETE

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

Change Addition

Change Addition

Change Addition

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA A. MARMIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 (941) 597-7506

CR2E037 (11/98)