

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90180 008 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **NONPROFIT CORPORATION**
ANNUAL Report 2000
1. Entity Name
The Scepter Ministries, Inc.
N98000005446

Principal Place of Business **Mailing Address**
5960 PELICAN BAY BLVD # 322
Naples, FL. 34108

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
Zip **Country** **Zip** **Country**

4. FEI Number *59-3525644* **Applied For**
☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Claudia A. Marmie
5960 Pelican Bay Blvd. #322
Naples, FL. 34108

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.
SIGNATURE *Claudia A. Marmie* **DATE** *5/1/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: **FEE IS \$61.25** **9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <i>Claudia A. Marmie</i> <i>5960 Pelican Bay Blvd. #322</i> <i>Naples, FL 34108</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <i>Ralph E. Marmie</i> <i>5960 Pelican Bay Blvd #322</i> <i>Naples, FL 34108</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <i>Andrew DeLong (Pastor)</i> <i>621 Ridge Dr.</i> <i>Naples, FL 34108</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <i>Susan Diamond (Pastor)</i> <i>1789 Mandarin Rd.</i> <i>Naples, FL 34102</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <i>Gary Staver</i> <i>4101 Belair Ln</i> <i>Naples, FL 34103</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Claudia A. Marmie* **DATE** *5/1/00* **Daytime Phone #** *(941) 597-7506*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)