

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90223 032 \*\*\*\*61.25

**DOCUMENT # N98000005446**

1. Entity Name

**THE SCEPTER MINISTRIES, INC.**

Principal Place of Business

Mailing Address

5960 PELICAN BAY BLVD. #322  
 NAPLES FL 34108

5960 PELICAN BAY BLVD. #322  
 NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

**4875 Pelican Colony Blvd**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MANAGER'S SUITE**

City & State

City & State

**BONITA SPRINGS**

Zip

Country

Zip

Country

**34134**

**USA**

4. FEI Number

**59-3575644**

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

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

Name

**CLAUDIA A. MARMIE**

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

**4875 PELICAN COLONY BLVD. (MGR'S SUITE)**

City

**BONITA SPRINGS**

FL

Zip Code

**34134**

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

*Claudia A. Marmie*

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

(NOTE: Registered Agent signature required when reinstating)

**7/22/02**

DATE

**After September 13, 2002,**  
**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 **P** ☐ Delete  
 NAME **MARMIE, CLAUDIA A**  
 STREET ADDRESS **5960 PELICAN BAY BLVD #322**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D.** ☐ Change ☒ Addition  
 NAME **GAY, GARY PAS.**  
 STREET ADDRESS **3775 Airport Rd. N. Suite B.**  
 CITY-ST-ZIP **Naples, FL 34105**

TITLE **VP** ☐ Delete  
 NAME **MARMIE, RALPH E**  
 STREET ADDRESS **5960 PELICAN BAY BLVD #322**  
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **D** ☐ Delete  
 NAME **DELONG, ANDREW PAS.**  
 STREET ADDRESS **621 RIDGE DR**  
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **D** ☐ Delete  
 NAME **DIAMOND, SUSAN**  
 STREET ADDRESS **1789 MANDARIN RD**  
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **D** ☐ Delete  
 NAME **STOVER, GARY**  
 STREET ADDRESS **4101 BALAIR LN**  
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **~~STOVER, GARY~~** ☐ 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: *Claudia A. Marmie*

**7/22/02** **1-239-**  
**537-0226**

CR2E037 (4/02)



397.94

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

July 10, 2002

THE SCEPTER MINISTRIES, INC.  
5960 PELICAN BAY BLVD. #322  
NAPLES, FL 34108

Subject: **THE SCEPTER MINISTRIES, INC.**

Reference Number: **N98000005446**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs

ANNUAL REPORTS SECTION

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005446

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THE SCEPTER MINISTRIES, INC.

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NAPLES FL 34108

Mailing Address

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NAPLES FL 34108

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number 59-3575644

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. CITY: (NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

8. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARIE, CLAUDIA A	
STREET ADDRESS	5960 PELICAN BAY BLVD #322	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VP	<input type="checkbox"/> Delete
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STREET ADDRESS	5960 PELICAN BAY BLVD #322	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELONG, ANDREW PAS.	
STREET ADDRESS	621 RIDGE DR	
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TITLE	D	<input checked="" type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY, GARY PAS.	
STREET ADDRESS	3775 Airport Rd. N. Suite B	
CITY-ST-ZIP	Naples FL 34105	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

MARIE, CLAUDIA A. Marie

4/22/02 (941) 597-7506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date