

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007832

Entity Name: SERVANT INTERNATIONAL, INC.

FILED  
Apr 30, 2004  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 470876  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 470876  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 33-1064846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAIRO, PENNY  
3300 BERRIDGE LANE  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KRANING, SABRINA  
Address: 107 BRILLIANT AVE #2  
City-St-Zip: PITTSBURGH, PA 15215

Title: VD ( ) Delete  
Name: FAIRO, PENNY  
Address: 3300 BERRIDGE LANE  
City-St-Zip: ORLANDO, FL 32812

Title: SD ( ) Delete  
Name: STAMEY, DIANE  
Address: 103 JOSHUA CT.  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABRINA M. KRANING

PD

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date