FILED
Jul 25, 2003 8:00 am
Secretary of State
04-28-2003 91398 044 ****61.25

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

DOCUMENT # N02000007832

1. Entity Name
SERVANT INTERNATIONAL, INC.

[redacted]
55052256
[redacted]

Principal Place of Business	Mailing Address
P.O. BOX 470876 CELEBRATION, FL 34747	P.O. BOX 470876 CELEBRATION, FL 34747

X CHECK HERE IF MAKING CHANGES

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 33-1064846 — X 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
FAIRO, PENNY 13343 LUXBURY LOOP ORLANDO, FL 32837 See new address below	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 _____ DATE

FILE NOW: FEE $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRANING, SABRINA 1640 VISTA VIEW DR. VERONA, PA 15147	☐ Delete	PD Sabrina Kraning 107 Brilliant Ave #2 Pittsburgh, PA 15215	X Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FAIRO, PENNY 13343 LUXBURY LOOP ORLANDO, FL 32837	☐ Delete	VD Penny Fairo 3300 Berridge Lane Orlando, FL 32812	X Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STAMEY, DIANE 103 JOSHUA CT. AUBURNDALE, FL 33823	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Sabrina Kraning Sabrina Kraning 4/22/03 412.208.7425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #