2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007837

Entity Name: COMMUNITY SERVANT MINISTRIES, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1131 SADDLEHORN CIRLCE 1131 SADDLEHORN CIRCLE WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

1131 SADDLEHORN CIRLCE 1131 SADDLEHORN CIRCLE WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708

FEI Number: 59-3681338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THOMPSON, KENTON E

1131 SADDLEHORN CIRLCE

WINTER SPRINGS, FL 32708 US

THOMPSON, KENTON E

1131 SADDLEHORN CIRCLE

WINTER SPRINGS, FL 32708 US

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: 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M/D () Delete Title: M/D (X) Change () Addition Name: THOMPSON, KENTON E Name: THOMPSON, KENTON E Address: 1131 SADDLEHORN CIRCLE City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete Title: (X) Change () Addition THOMPSON, MICHELE B THOMPSON, MICHELE B Name: Name: Address: 1131 SADDLEHORN CIRLCE Address: 1131 SADDLEHORN CIRCLE City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete Title: () Change () Addition

 Name:
 ROMAN, EDWIN
 Name:

 Address:
 1918 SUE ANN ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32817
 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: KENTON E THOMPSON M/D 04/28/2005