

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007045

FILED  
Apr 09, 2006  
Secretary of State

Entity Name: SERVANT'S HEART, INC.

## Current Principal Place of Business:

880 FRANKLIN STREET  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

880 FRANKLIN STREET  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

FEI Number: 59-3748023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLBERT, LINDA  
880 FRANKLIN STREET  
ALTAMONTE SPRINGS, FL 32701 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: D ( ) Delete  
Name: WELCH, GAVIN  
Address: 2000 KILLARNEY DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: WELCH, NICOLE  
Address: 2000 KILLARNEY DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: LAWSON, ALAN  
Address: 5519 GROSS COURT  
City-St-Zip: ORLANDO, FL 32810

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WELCH, GAVIN  
Address: 1133 RUBY STREET  
City-St-Zip: LAKLAND, FL 33815

Title: D (X) Change ( ) Addition  
Name: WELCH, NICOLE  
Address: 1133 RUBY STREET  
City-St-Zip: LAKELAND, FL 33815

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 Chapter 119, 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: GAVIN WELCH

D

04/09/2006

Electronic Signature of Signing Officer or Director

Date