2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000896

Entity Name: SERVANT'S HEART MINISTRIES, INC.

FILED Apr 29, 2004 Secretary of State

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

225 N DOVER RD DOVER, FL 33527

Current Mailing Address: New Mailing Address:

225 N DOVER RD 2018 SAMANTHA LANE DOVER, FL 33527 VALRICO, FL 33594

FEI Number: 80-0030939 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:

CAREY, RICHARD WUHRMAN, THOMAS 225 N DOVER RD 2018 SAMANTHA LANE DOVER, FL 33527 VALRICO, FL 33594

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: THOMAS WUHRMAN 04/29/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WUHRMAN, THOMAS E
 Name:
 WUHRMAN, THOMAS E

 Address:
 225 N DOVER RD
 Address:
 2018 SAMANTHA LANE

 City-St-Zip:
 DOVER, FL 33527
 City-St-Zip:
 VALRICO, FL 33594

Title: D () Delete Title: D (X) Change () Addition Name: WUHRMAN, JEANNETTE M Name: WUHRMAN, JEANNETTE M

Address: 225 N DOVER RD Address: 2018 SAMANTHA LANE City-St-Zip: DOVER, FL 33527 City-St-Zip: VALRICO, FL 33594

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

 Name:
 ANDERSON, WAYNE C
 Name:

 Address:
 225 N DOVER RD
 Address:

 City-St-Zip:
 DOVER, FL 33527
 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: THOMAS WUHRMAN D 04/29/2004