## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000000896

Entity Name: SERVANT'S HEART MINISTRIES INC

ANDERSON, WAYNE C

225 N DOVER RD

DOVER, FL 33527

Name:

Address:

City-St-Zip:

FILED Apr 30, 2003 Secretary of State

Littly Na	HE. SERVA	VI S HEART WIINISTRIES, INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
225 N DOY DOVER, F					
Current Mailing Address:			New Mailing Addres	ss:	
225 N DO\ DOVER, F					
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:		
	VER RD L 33527	$\gamma$ submits this statement for the $\gamma$	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
0.014/ (101		onic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( WUHRMAN, T 225 N DOVER DOVER, FL 3	RRD	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	D ( WUHRMAN, J 225 N DOVER DOVER, FL 3	RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS E WUHRMAN D 04/30/2003