


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM  
Secretary of State

DOCUMENT # N03000000121	
1. Entity Name SERVANTCARE MINISTRIES, INC.	

Principal Place of Business 341 SKYLER RUN DESTIN, FL 32541	Mailing Address 341 SKYLER RUN DESTIN, FL 32541
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01232006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-1161542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WISE, DOROTHY D 341 SKYLER RUN DESTIN, FL 32541
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISE, WILLIAM G 341 SKYLER RUN DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, DOROTHY D 341 SKYLER RUN DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ASHER, BETTY 740 INDIGO LOOP MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEETS, RICHARD 12411 FRAMER DR MIDLOTHIAN, VA 23113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONANT, RICHARD 34 INDIAN BAYOU DR. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000404044  
02/06/06-80031-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** William G. Wise WILLIAM G. WISE - JANUARY 23, 2006 850-650-6143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #