

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000121

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: SERVANTCARE MINISTRIES, INC.

**Current Principal Place of Business:**

341 SKYLER RUN  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

341 SKYLER RUN  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 57-1161542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WISE, DOROTHY D  
341 SKYLER RUN  
DESTIN, FL 32541 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: PD ( ) Delete  
Name: WISE, WILLIAM G  
Address: 341 SKYLER RUN  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: WISE, DOROTHY D  
Address: 341 SKYLER RUN  
City-St-Zip: DESTIN, FL 32541

Title: TD ( ) Delete  
Name: ASHER, BETTY  
Address: 740 INDIGO LOOP  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VD ( ) Delete  
Name: SHEETS, RICHARD  
Address: 12411 FRAMER DR  
City-St-Zip: MIDLOTHIAN, VA 23113

Title: SD ( ) Delete  
Name: CONANT, RICHARD  
Address: 34 INDIAN BAYOU DR.  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: SHEETS, RICHARD  
Address: 1127 S. OSPREY AVE.  
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM G. WISE

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date