

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005525

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** FAITHFUL SERVANT MINISTRIES "INC"

**Current Principal Place of Business:**

321 WEAVER STREET  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

321 WEAVER STREET  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 80-0704947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TOLIVER, BOBBIE J PASTOR  
321 WEAVER STREET  
DAYTONA BEACH, FL 32114 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:** P  
**Name:** TOLIVER, BOBBIE J PH. D.  
**Address:** 321 WEAVER STREET  
**City-St-Zip:** DAYTONA BEACH, FL 32114 US

**Title:** D  
**Name:** TOLIVER, EUGENE ELDER  
**Address:** 321 WEAVER STREET  
**City-St-Zip:** DAYTONA BEACH, FL 32114 US

**Title:** D  
**Name:** WEATHERS, JERRIE D  
**Address:** 3011 NO. 24TH STREET  
**City-St-Zip:** MILWAUKEE,, WI 53210 US

**Title:** D  
**Name:** HUBBARD, SANDRA F  
**Address:** 7150 PISIDO DRIVE  
**City-St-Zip:** MILWAUKEE, WI 53233 US

**Title:** V  
**Name:** BROWN, CHARMAINE PASTOR  
**Address:** 200 SO. COLONIAL DR.  
**City-St-Zip:** SAULKVILLE, WI 53080 US

**Title:** D  
**Name:** TOBIAS, GENORIA L PASTOR  
**Address:** 15601 BELMONT DRIVE  
**City-St-Zip:** BILOXI, MS 39532 US

I hereby 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 all other like empowered.

**SIGNATURE:** BOBBIE J. TOLIVER

P

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date