

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N19849 (1)**
1. Corporation Name
SERVANTS OF CHRIST MINISTRIES, INC.Principal Place of Business Mailing Address
4934 HIDDEN HILL DR.
P O BOX 90964
LAKELAND FL 33804
4934 HIDDEN HILL DR.
P O BOX 90964
LAKELAND FL 33804-09643. Date Incorporated or Qualified **03/26/1987** 3a. Date of Last Report **01/29/1996**2. Principal Place of Business 2a. Mailing Address
21 **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.**22** **27**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**4. FEI Number **59-2791462** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROXELL, ALMA
4934 HIDDEN HILL DR.
LAKELAND FL 33813**81** Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	S/T/D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROXELL, ALMA	1.2 NAME	Troxell, Alma
STREET ADDRESS	4934 HIDDEN HILL DR.	1.3 STREET ADDRESS	4934 Hidden Hill Dr.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, HAROLD	2.2 NAME	Williams, Ward
STREET ADDRESS	4444 N HWY 98 N #702	2.3 STREET ADDRESS	6232 Doe Circle West
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEAR, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	1211 ROLLING WOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, ROBERT REV	4.2 NAME	
STREET ADDRESS	3904 WOODBURN LOOP W	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, DOUG	5.2 NAME	
STREET ADDRESS	2035 IRVING ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 941-284-2200
Date Daytime Phone • 0052707

CR2E037 (9/96)