

DOCUMENT # N19849

1. Entity Name

SERVANTS OF CHRIST MINISTRIES, INC.

Principal Place of Business

4934 HIDDEN HILL DR.
P O BOX 90964
LAKELAND FL 33804

Mailing Address

4934 HIDDEN HILL DR.
P O BOX 90964
LAKELAND FL 33804-0964

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2791462

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROXELL, ALMA
4934 HIDDEN HILL DR.
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	STOV	<input type="checkbox"/> Delete
NAME	TROXELL, ALMA	
STREET ADDRESS	4934 HIDDEN HILL DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WARD	
STREET ADDRESS	6232 DOE CIRCLE WEST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	FEAR, CHRISTOPHER	
STREET ADDRESS	1211 ROLLING WOOD LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, ROBERT REV	
STREET ADDRESS	3904 WOODBURN LOOP W	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, DOUG	
STREET ADDRESS	2035 IRVING ST.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. HARRIS

Date

2/23/00

Daytime Phone #

863-284-2200

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-20-2000 90087 042 *****61.25

80007503



DO NOT WRITE IN THIS SPACE

CP2E037 (9/99)