

FILED
Mar 01, 2001 8:00 am
Secretary of State

DOCUMENT # N19849

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

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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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

7. Name and Address of New Registered Agent	
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TROXELL, ALMA
4934 HIDDEN HILL DR.
LAKELAND FL 33813

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div> <div>FL</div> <div>Zip Code</div> </div>

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

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STDV TROXELL, ALMA 4934 HIDDEN HILL DR. LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Troxell, Alma 4934 Hidden Hill Dr. Lakeland, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, WARD 6232 DOE CIRCLE WEST LAKELAND FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FEAR, CHRISTOPHER 1211 ROLLING WOOD LANE LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Fear, Christopher 1211 Rollingwoods Lane Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNOLD, ROBERT REV 3904 WOODBURN LOOP W LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAILEY, DOUG 2035 IRVING ST. LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Garraspegui, Jose 512 Queens Loop South Lakeland, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (10/00)

**GRAY HARRIS ROBINSON
LANE TROHN**

ATTORNEYS AT LAW
ONE LAKE MORTON DRIVE
POST OFFICE BOX 3

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WRITER'S DIRECT DIAL
(863) 284-2206

CHRISTOPHER M. FEAR
ATTORNEY AT LAW

E-MAIL ADDRESS
cfear@ghrlaw.com

*Attachment #
N19849*

February 22, 2001

Our File No: S298-17865

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: SERVANTS OF CHRIST MINISTRIES, INC.
Document No. N19849

Dear Ladies and Gentlemen:

Enclosed is the 2001 Uniform Business Report for Servants of Christ Ministries, Inc., together with the corporation's check for the filing fee in the amount of \$61.25.

Very truly yours,



Christopher M. Fear

CMF/sf
Enclosure
cc: Alma Troxell

