

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 AM
Secretary of State

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
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country	4. FEI Number 59-2791462	Applied For <input type="checkbox"/> Not Applicable
-----	---------	-----	---------	------------------------------------	--

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

TROXELL, ALMA 4934 HIDDEN HILL DR. LAKELAND FL 33813	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROXELL, ALMA	NAME	
STREET ADDRESS	4934 HIDDEN HILL DR.	STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33813	CITY-STATE-ZIP	U000000699253 04/19/07-80035-008 61.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEAR, CHRISTOPHER	NAME	
STREET ADDRESS	1211 ROLLING WOOD LANE	STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33813	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, DONNA	NAME	
STREET ADDRESS	1012 AVON AVE	STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33801	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ *Alma Troxell* 4/9/07