

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19849

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** SERVANTS OF CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

4934 HIDDEN HILLS DR.  
LAKELAND, FL 33812

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 90964  
LAKELAND, FL 33804

**New Mailing Address:**

**FEI Number:** 59-2791462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROXELL, ALMA  
4934 HIDDEN HILLS DR.  
LAKELAND, FL 33812 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: PSTD  
Name: TROXELL, ALMA  
Address: 4934 HIDDEN HILLS DR.  
City-St-Zip: LAKELAND, FL 33812

Title: D  
Name: FEAR, CHRISTOPHER  
Address: 1211 ROLLING WOOD LANE  
City-St-Zip: LAKELAND, FL 33813

Title: D  
Name: BAILEY, DOUGLAS  
Address: 2601 SLEEPY HOLLOW LANE  
City-St-Zip: LAKELAND, FL 33810

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: ALMA TROXELL

PSTD

04/04/2011

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

\_\_\_\_\_  
Date