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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005776 (0)**

1. Corporation Name

SERVANT AIR MINISTRIES, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
3000 N ATLANTIC AVE SUITE 102 COCOA BEACH FL 32931		3000 N ATLANTIC AVE SUITE 102 COCOA BEACH FL 32931		12/27/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		NOT APPLICABLE	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEHTON, ROBERT E 3000 N ATLANTIC AVE SUITE 102 COCOA BEACH FL 32931		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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	ROBERT E. LEHTON,	1.2 NAME	NICHOLAS W. SMITH
STREET ADDRESS	1240 S. ORLANDO AVE.	1.3 STREET ADDRESS	514 Bay Circle
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	32937
TITLE	VPD	2.1 TITLE	Indian Harbor, Florida
NAME	DOUG SHOCK,	2.2 NAME	D
STREET ADDRESS	475 MANOR DRIVE	2.3 STREET ADDRESS	NEAL SPURLOCK
CITY-ST-ZIP	MERRITT ISLAND FL 32953	2.4 CITY-ST-ZIP	250 Alameda Dr.
TITLE	SD	3.1 TITLE	Merritt Island, Florida
NAME	KYLE DIXON,	3.2 NAME	
STREET ADDRESS	3580 SABLE PALM LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	WENDELL CHANCEY,	4.2 NAME	
STREET ADDRESS	814 INDIAN RIVER AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	SCHOOLFIELD, MIKE	5.2 NAME	
STREET ADDRESS	5665 S TROPICAL TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	COY, ROY	6.2 NAME	
STREET ADDRESS	335 DUET AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	6.4 CITY-ST-ZIP	

14. 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 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: *Robert E. Lehton* 3-5-98 (407) 714-5367

CR2E037 (10/97)