2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005776

Entity Name: SERVANT AIR MINISTRIES, INC.

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:	
SUITE 102	TLANTIC AVE 2 EACH, FL 32	221			
Current M	lailing Addre	SS:	New Mail	ing Address:	
SUITE 102	LANTIC AVE 2 EACH, FL 32	931			
FEI Number:	: 59-3242598	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:	
3000 N AT SUITE 102	ROBERT E LANTIC AVE 2 EACH, FL 32	931 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (LEHTON, ROB 1240 S. ORLA COCOA BEAC	NDO AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (MILLER, STEN 1605 SATURN MERRITT ISLA	ST	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition TODD, RICHARD 175 ISLAND BEACH BLVD. MERRITT ISLAND, FL 32952	
Title: Name: Address: City-St-Zip:	ROBERTS, RY	QUARE APT. #202	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OYLER, WILL 1440 HOLIDAY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (WILLIAMS, KE 58 WESTVIEV COCOA BEAC	/ LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TODD, DICK 175 ISLAND E) Delete EACH BLVD. ND, FL 32952	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LISTON, THOMAS 3699 S. SHERWOOD CIRCLE COCOA, FL 32926	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT E. LEHTON PRES 01/30/2008