

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005776

FILED
Jan 26, 2009
Secretary of State

Entity Name: SERVANT AIR MINISTRIES, INC.

Current Principal Place of Business:

3000 N ATLANTIC AVE
SUITE 102
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

3000 N ATLANTIC AVE
SUITE 102
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-3242598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHTON, ROBERT E
3000 N ATLANTIC AVE
SUITE 102
COCOA BEACH, FL 32931 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: P () Delete
Name: LEHTON, ROBERT E
Address: 1240 S. ORLANDO AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: TODD, RICHARD
Address: 175 ISLAND BEACH BLVD.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: ROBERTS, RYAN
Address: 2655 68TH SQUARE APT. #202
City-St-Zip: VERO BEACH, F 32966-89

Title: D () Delete
Name: OYLER, WILLIAM
Address: 1440 HOLIDAY BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: WILLIAMS, KENNETH
Address: 58 WESTVIEW LN
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: LISTON, THOMAS
Address: 3699 S. SHERWOOD CIRCLE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/26/2009

Electronic Signature of Signing Officer or Director

Date