

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003596

1. Entity Name
GOD'S SERVANT MINISTRY, INC.



Principal Place of Business
**11910 S.W. 185TH STREET
MIAMI, FL 33177**

Mailing Address
**11910 S.W. 185TH STREET
MIAMI, FL 33177**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0683063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRAY, JAMES
11910 S.W. 185TH STREET
MIAMI, FL 33177**

**DO NOT WRITE
IN THIS SPACE**

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 *JAMES GRAY*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAMES GRAY
STREET ADDRESS	11910 SW 185TH ST.
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VPTD
NAME	CALVIN GRAY
STREET ADDRESS	21358 SW 112 AVE.
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	SD
NAME	L.C. CHILDS
STREET ADDRESS	18817 SW 113 COURT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80086-011 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #