

DOCUMENT # N97000004691

1. Entity Name

SENIOR MINISTRY SERVICES, INC.

Principal Place of Business

Mailing Address

4712 PEPPER BUSH LANE  
BOYNTON BEACH FL 334364712 PEPPER BUSH LANE  
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0782261

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCD	<input type="checkbox"/> Delete
NAME	EBERST, ROBERT C	
STREET ADDRESS	4712 PEPPER BUSH LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe B. Adair	
STREET ADDRESS	201 Wisely way	
CITY-ST-ZIP	Ringgold, Ga. 30736	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	UNDERWOOD, JOHN K	
STREET ADDRESS	2380 LEAF LAND DRIVE	
CITY-ST-ZIP	DULUTH GA 30136	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melanie N. Adair	
STREET ADDRESS	201 Wisely way	
CITY-ST-ZIP	Ringgold, Ga. 30736	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SICKERT, JAMYE REV	
STREET ADDRESS	2891 INERLOCK CIR	
CITY-ST-ZIP	DULUTH GA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, EDWARD	
STREET ADDRESS	2802 ENCHANTED CIR	
CITY-ST-ZIP	GARLAND TX	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Robert C. Eberst 1/5/01 561-752-4960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

005254

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90086 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE