

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2005 08:00 A
Secretary of State**

DOCUMENT # N97000006650

1. Entity Name
SERVANTS' QUARTERS FELLOWSHIP, INC.



Principal Place of Business
1429 SABAL PALM DR.
EDGEWATER, FL 32132

Mailing Address
1429 SABAL PALM DR.
EDGEWATER, FL 32132



01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STARKEY, DAVID R
1429 SABAL PALM DR.
EDGEWATER, FL 32132

**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

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

000000197362
01/27/05-80009-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STARKEY, DAVID R
STREET ADDRESS	1429 SABAL PALM DR
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	D
NAME	BYRD, NANCY S
STREET ADDRESS	907 N ATLANTIC AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	D
NAME	LLOYD, SHEILA S
STREET ADDRESS	1803 - 12TH ST
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: DAVID R. STARKEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/05

Date

386-426-1511

Daytime Phone #