

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90086 003 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>STARKEY, DAVID R</b>	<b>1429 SABAL PALM DR EDGEWATER FL 32132</b>	<input type="checkbox"/> Delete			
	<b>D</b>	<b>BYRD, NANCY</b>	<b>907 N ATLANTIC AVE NEW SMYRNA BEACH FL 32169</b>	<input type="checkbox"/> Delete			
	<b>D</b>	<b>MATHEWS, MARY</b>	<b>838 PINE SHORES CIR NEW SMYRNA BEACH FL 32168</b>	<input checked="" type="checkbox"/> Delete			
	<b>D</b>	<b>Melissa LLOYD</b>	<b>605 SECOND AVENUE NEW SMYRNA BEACH FL 32169</b>	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: **x**

**SIGNATURE REQUIRED**

1/14/03

386-426-1511

CR2E037 (10/02)