


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001055 1. Entity Name GOD'S SERVANTS MINISTRIES, INC.					
Principal Place of Business 2001 EAST 5TH STREET PANAMA CITY FL 32401		Mailing Address 1115 LOUISIANA AVE PANAMA CITY FL 32401			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0683063	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JENNINGS, THELMA 1115 LA. AVE. PANAMA CITY FL 32401				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 <i>Thelma Jennings</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Thelma Jennings</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		3/31/05 <small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P HARRIS, JOYCE E P.O. BOX 15906 PANAMA CITY FL 32406 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000300274 04/12/05-80008-020 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, THELMA 1115 LA. AVE PANAMA CITY FL 32401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIDGEN, MAURICE 1802 CALHOUN AVENUE PANAMA CITY FL 32405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, WHIT JR 1802 CALHOUN AVE PANAMA CITY FL 32405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JORDON, WALTER 1607 FOUNTAIN AVE PANAMA CITY FL 32405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JORDON, TRIDINO 1607 FOUNTAIN AVE PANAMA CITY FL 32405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: <i>Joyce Harris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/31/05 <small>Date</small>		850 769-6481 <small>Daytime Phone #</small>	

