


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N99000001055</b> 1. Entity Name <b>GOD'S SERVANTS MINISTRIES, INC.</b>	
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Principal Place of Business <b>2100 E 5TH ST PANAMA CITY, FL 32401</b>	Mailing Address <b>1115 LOUISIANA AVE PANAMA CITY, FL 32401</b>
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0683063</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JENNINGS, THELMA  
1115 LA. AVE.  
PANAMA CITY, FL 32401**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, JOYCE E P.O. BOX 15906 PANAMA CITY, FL 32406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, THELMA 1115 LA. AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, WHIT JR 1802 CALHOUN AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JORDON, WALTER 1607 FOUNTAIN AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JORDON, TRIDINO 1607 FOUNTAIN AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000676630  
03/30/07-80069-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Thelma Jennings* **3-19-07-850-7855715**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 03/21/2007 08:00 AM  
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