

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001474

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: YIELDED EVANGELICAL SERVANTS, INC.

**Current Principal Place of Business:**

1209 MARYLAND AVENUE  
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

53 CHRISTOPHER LANE  
POTOMAC FALLS, VA 201656233

**New Mailing Address:**

FEI Number: 54-1558343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LATOURE, BERNARD T  
1209 MARYLAND AVENUE  
ST CLOUD, FL 34769      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: AHLEMANN, JAMES  
Address: PO BOX 700697  
City-St-Zip: ST CLOUD, FL 347700697

Title: D      ( ) Delete  
Name: CORDOBA, GABRIAL  
Address: PO BOX 700697  
City-St-Zip: ST CLOUD, FL 347700697

Title: D      ( ) Delete  
Name: JEAN, LOUIS  
Address: PO BOX 700697  
City-St-Zip: ST CLOUD, FL 347700697

Title: D      ( ) Delete  
Name: MOREY, STEPHANIE  
Address: PO BOX 700697  
City-St-Zip: ST CLOUD, FL 347700697

Title: P      ( ) Delete  
Name: LATOUR, BERNARD T  
Address: PO BOX 700697  
City-St-Zip: ST CLOUD, FL 347700697

Title: V      ( ) Delete  
Name: MOREY, JON  
Address: PO BOX 700697  
City-St-Zip: ST CLOUD, FL 347700697

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: CORDADA, GABRIEL  
Address: PO BOX 700697  
City-St-Zip: ST CLOUD, FL 347700697

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD T. LATOUR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/26/2007

\_\_\_\_\_  
Date