

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2008
Secretary of State**

DOCUMENT# F06000001474

Entity Name: YIELDED EVANGELICAL SERVANTS, INC.

Current Principal Place of Business:

1209 MARYLAND AVENUE
ST CLOUD, FL 34769

New Principal Place of Business:

1209 MARYLAND AVENUE
ST CLOUD, FL 34769

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: CORDADA, GABRIEL
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: LATOURE, 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: SEC. (X) Change () Addition
Name: LATOURE, JEAN
Address: PO BOX 700697
City-St-Zip: ST CLOUD, FL 347700697

Title: T (X) Change () Addition
Name: CORADA, MARIANGIE
Address: PO BOX 700697
City-St-Zip: ST CLOUD, FL 347700697

Title: VP (X) Change () Addition
Name: JEAN, LOUIS
Address: PO BOX 700697
City-St-Zip: ST CLOUD, FL 347700697

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

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

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

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: BL

Electronic Signature of Signing Officer or Director

P

03/24/2008

Date