

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001474

FILED
Jan 22, 2010
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:

1209 MARYLAND AVENUE
ST CLOUD, FL 34769

New Mailing Address:

PO BOX 700697
ST CLOUD, FL 34770

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: S
Name: LATOURE, JEAN
Address: PO BOX 700697
City-St-Zip: ST CLOUD, FL 347700697

Title: T
Name: BILBY, TENA
Address: PO BOX 700697
City-St-Zip: ST CLOUD, FL 347700697

Title: VP
Name: JEAN, LOUIS
Address: PO BOX 700697
City-St-Zip: ST CLOUD, FL 347700697

Title: D
Name: PRIEST, SCOTT
Address: PO BOX 700697
City-St-Zip: ST CLOUD, FL 347700697

Title: P
Name: LATOURE, BERNARD T
Address: PO BOX 700697
City-St-Zip: ST CLOUD, FL 347700697

Title: D
Name: MOLL, KIMBERLY
Address: PO BOX 700697
City-St-Zip: ST CLOUD, FL 347700697

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY J. MOLL

D

01/22/2010

Electronic Signature of Signing Officer or Director

Date