


**FILED**  
**Mar 19, 1999 8:00 am**  
**Secretary of State**

03-19-1999 90009 019 \*\*\*\*61.25  
 03-19-1999 90009 020 \*\*\*\*\*8.75

372505 - 90037 - 31

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N98000001436**

1. Corporation Name  
**UNITED SERVANTS ABROAD, INC.**

Principal Place of Business 505 S FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401	Mailing Address P.O. BOX 3475 WEST PALM BEACH FL 33402
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0821937
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  HENRY, THORNTON M 505 S FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Donald E. Elmore <input checked="" type="checkbox"/>
STREET ADDRESS		1.3 STREET ADDRESS	14530 Rolling Rock Place
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Kathryn S. Elmore <input checked="" type="checkbox"/>
STREET ADDRESS		2.3 STREET ADDRESS	14530 Rolling Rock Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Melanie L. Stepp <input checked="" type="checkbox"/>
STREET ADDRESS		3.3 STREET ADDRESS	303 Jamestown Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Doris A. Furber **REQUIRED** 1/8/99 561-795-1665  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037-11/98