

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90281 032 ****61.25

14010869



DOCUMENT # N98000001436 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0821937	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HENRY, THORNTON M 505 S FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DM	☐ Delete	TITLE	DS	☒ Change ☐ Addition
NAME	ELMORE, DONALD E		NAME	Stapp, melanie	
STREET ADDRESS	14530 ROLLING ROCK PL		STREET ADDRESS	147 S. Oak Knoll Ave #105	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Pasadena, CA 91101	
TITLE	DS	☐ Delete	TITLE	DT	☐ Change ☒ Addition
NAME	STAPP, MELANIE		NAME	Elmore, Kathryn	
STREET ADDRESS	12159 ALDERLANE		STREET ADDRESS	14530 Rolling Rock Place	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Wellington, FL 33414	
TITLE	P/D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	FORMAN, WALTER		NAME	Richardson, David	
STREET ADDRESS	28 SHADY LANE		STREET ADDRESS	10935 N.W. 40th St	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	Coral Springs FL 33065	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CASE, BRUCE		NAME	Ozier, Calvin	
STREET ADDRESS	10314 DENOEU ROAD		STREET ADDRESS	1574 Whitmar Pl E	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Memphis TN 38120	
TITLE	VD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	KERR, BERNIE		NAME	Branch, Michael	
STREET ADDRESS	12451 GRUMMAN WAY		STREET ADDRESS	330 Lake Road	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP	Lake Mary FL 32746	
TITLE	D	☐ Delete	TITLE		
NAME	HOUGH, BEATRICE		NAME		
STREET ADDRESS	1957 FITTIN CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
12. 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 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: <i>Kathryn S. Elmore</i> Kathryn S. Elmore 4/26/05 (612) 955-1665					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					