2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N98000001436

Entity Name: UNITED SERVANTS ABROAD, INC.

Current Principal Place of Business:

505 S FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3475
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0821937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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:	DS	( ) Delete
Name:	STEPP, MELANIE	
Address:	5216 LAYTON DR	
City-St-Zip:	VENICE, FL 34293	
Title:	DT	( ) Delete
Name:	ELMORE, KATHRYN	
Address:	14530 ROLLING ROCK	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	RICHARDSON, DAVID	
Address:	10935 NW 40TH ST	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	D	( ) Delete
Name:	OZIER, CALVIN	
Address:	1574 WHITMAN PALMCE E	
City-St-Zip:	MEMPHIS, TN 38120	
Title:	VD	( ) Delete
Name:	BRANCH, MICHAEL	
Address:	330 LAKE RD	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	HOUGH, BEATRICE	
Address:	1957 FITTIN CT	
City-St-Zip:	LAKE WORTH, FL 33463	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	FORMAN, WALTER	
Address:	28 SHADY LANE	
City-St-Zip:	TEQUESTA, FL 33469	
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:	D	(X) Change ( ) Addition
Name:	BRANCH, MICHAEL	
Address:	330 LAKE RD	
City-St-Zip:	LAKE MARY, FL 32746	
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: KATHRYN S. ELMORE DT 04/25/2009

Electronic Signature of Signing Officer or Director — Date