

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001436

**FILED**  
**Mar 06, 2014**  
**Secretary of State**  
**CC2033639119**

**Entity Name:** UNITED SERVANTS ABROAD, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0821937

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 S FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title PD  
Name FORMAN, WALTER  
Address 28 SHADY LANE  
City-State-Zip: TEQUESTA FL 33469

Title DT  
Name ELMORE, KATHRYN  
Address 14530 ROLLING ROCK  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name RICHARDSON, DAVID  
Address 14530 ROLLING ROCK PLACE  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name SELBY, DWIGHT  
Address 1535 OAK FOREST DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name PETERSON, FRED JR  
Address 1249 SW ROBYS WAY  
City-State-Zip: PALM CITY FL 34990

Title D  
Name HOUGH, BEATRICE  
Address 1957 FITTIN CT  
City-State-Zip: LAKE WORTH FL 33463

Title VP, DIRECTOR  
Name KERR, WALTER  
Address 12451 GRUMMAN WAY  
City-State-Zip: PORT ST. LUCIE FL 34987

Title DIRECTOR  
Name BRANCH, MIKE  
Address 925 WILLSTON PARK POINT  
City-State-Zip: LAKE MARY FL 32746

**Continues on page 2**

*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:** KATHRYN S. ELMORE

**TREASURER**

**03/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           OZIER, CALVIN  
Address        823 E.HOLMES RD.  
City-State-Zip: MEMPHIS TN 38116

Title           CEO  
Name           DONALD, ELMORE  
Address        14530 ROLLING ROCK PL  
City-State-Zip: WELLINGTON FL 33414