

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001436

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

Title	DIRECTOR, SECRETARY
Name	BRANCH, MIKE
Address	6913 SUNNYSIDE DR
City-State-Zip:	LEESBURG FL 34748

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

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: DONALD E. ELMORE**EXECUTIVE DIRECTOR****03/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BARE, JAMES RANDOLPH
Address 1211 WEST 9TH AV
 SUITE 3
City-State-Zip: SPOKANE WA 99204

Title DIRECTOR
Name BLACKWOOD, GLENN
Address 24 MARINA GARDENS DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410