

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001474

**FILED**  
**Feb 09, 2023**  
**Secretary of State**  
**2487449762CC**

**Entity Name:** YIELDED EVANGELICAL SERVANTS, INC.

**Current Principal Place of Business:**

2126 CONTINENTAL ST  
ST CLOUD, FL 34769

**Current Mailing Address:**

PO BOX 700697  
ST CLOUD, FL 34770

**FEI Number:** 54-1558343

**Certificate of Status Desired:** No

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

LATOURE, BERNARD T  
2126 CONTINENTAL ST  
ST CLOUD, FL 34769 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           DIRECTOR  
Name           LATOURE, JEAN  
Address        PO BOX 700697  
City-State-Zip: ST CLOUD FL 34770-0697

Title           VP  
Name           LATOURE, BERNARD T  
Address        PO BOX 700697  
City-State-Zip: ST CLOUD FL 34770-0697

Title           PRESIDENT  
Name           GONZALES, ANDRES  
Address        325 BURLEIGH ST.  
City-State-Zip: ORLANDO FL 32824

Title           DIRECTOR  
Name           GONZALES, JOSELYN  
Address        325 BURLEIGH ST.  
City-State-Zip: ORLANDO FL 32824

Title           TREASURER  
Name           ALE, JESSICA  
Address        1849 ASHTON PARK PLACE  
City-State-Zip: ST CLOUD FL 34771

Title           SECRETARY  
Name           BERNAEZ, CLARETTE  
Address        13929 FAIRWAY ISLAND DR  
                  815  
City-State-Zip: ORLANDO FL 32837

Title           DIRECTOR  
Name           PEDRICK, ELIZABETH  
Address        6599 WILLIAMSBURG BLVD  
City-State-Zip: ARLINGTON VA 22213

*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:** JEAN LATOURE

**DIRECTOR**

**02/09/2023**

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

\_\_\_\_\_  
Date