

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004272

FILED
Jul 02, 2005
Secretary of State

Entity Name: FAITHFUL SERVANTS COMMUNITY HEALTH EDUCATION SERVICES, INC.

Current Principal Place of Business:

9480 POINCIANA PL STE 403
FT LAUDERDALE, FL 33324

New Principal Place of Business:

Current Mailing Address:

9480 POINCIANA PL STE 403
FT LAUDERDALE, FL 33324

New Mailing Address:

P. O. BOX 15937
FT LAUDERDALE, FL 33318

FEI Number: 01-0785601 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

WORTS, MARYANN
9480 POINCIANA PLACE
403
FT. LAUDERDALE, FL 33324 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: MARYANN WORTS

07/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FEDP () Delete
Name: WORTS, MARYANN M
Address: 9480 POINCIANA PL STE 403
City-St-Zip: FT LAUDERDALE, FL 33324

Title: D () Delete
Name: WORTS, MARYANN M
Address: 9480 POINCIANA PL STE 403
City-St-Zip: FT LAUDERDALE, FL 33324

Title: D () Delete
Name: WORTS, EDGAR C III
Address: 9480 POINCIANA PL STE 403
City-St-Zip: FT LAUDERDALE, FL 33324

Title: D () Delete
Name: BILINS, MICHAEL V
Address: 9480 POINCIANA PL STE 403
City-St-Zip: FT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: FEDP (X) Change () Addition
Name: WORTS, MARYANN M
Address: 9480 POINCIANA PLACE
City-St-Zip: FT LAUDERDALE, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BILLINS, MICHAEL V
Address: 9480 POINCIANA PL STE 403
City-St-Zip: FT LAUDERDALE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARYANN WORTS

FEDP

07/02/2005

Electronic Signature of Signing Officer or Director

Date