

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90065 024 ****70.00

DOCUMENT # N03000004272

1. Entity Name
**FAITHFUL SERVANTS COMMUNITY HEALTH
EDUCATION SERVICES, INC.**



Principal Place of Business
**9480 POINCIANA PL STE 403
FT LAUDERDALE, FL 33324**

Mailing Address
**P. O. BOX 15937
FT LAUDERDALE, FL 33318**



05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0785601

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	FEDP
NAME	WORTS, MARYANN M
STREET ADDRESS	9480 POINCIANA PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33324
TITLE	D
NAME	WORTS, MARYANN M
STREET ADDRESS	9480 POINCIANA PL STE 403
CITY-ST-ZIP	FT LAUDERDALE, FL 33324
TITLE	D
NAME	WORTS, EDGAR C III
STREET ADDRESS	9480 POINCIANA PL STE 403
CITY-ST-ZIP	FT LAUDERDALE, FL 33324
TITLE	D
NAME	BILLINS, MICHAEL V
STREET ADDRESS	9480 POINCIANA PL STE 403
CITY-ST-ZIP	FT LAUDERDALE, FL 33324
TITLE	D
NAME	MARIN, IVONNE
STREET ADDRESS	18702 NW 89th AVE.
CITY-ST-ZIP	MIAMI, FL 33018
TITLE	D
NAME	BENT, ELIZABETH
STREET ADDRESS	5400 NW 44th Street #101
CITY-ST-ZIP	LAUDERDALE, FL 33319

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MaryAnn Worts **MaryAnn Worts** **5/1/2006** **(954) 540-9678**

ATTACHMENT

40088977

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ATTACHMENT - ADDITIONAL OFFICER/DIRECTOR

DOCUMENT # N03000004272 FEI NUMBER 01-0785601
Faithful Servants Community Health Education Svcs, Inc.

Principal place of Business:
9480 Poinciana Place STE. # 403
Ft. Lauderdale, FL 33324

Mailing Address:
P. O. BOX 15937
Ft. Lauderdale, FL 33318

Officer/Director Name Address

TITLE	D
NAME	WEST, JEANEEN J.
STREET ADDRESS	692 S.W. 158 TH TERRACE
CITY, STATE	PEMBROKE PINES, FL
ZIP CODE & COUNTRY	33027 USA

TITLE	D
NAME	GLORIA GRAHAM
STREET ADDRESS	330 S.W. 31st AVENUE
CITY, STATE	DEERFIELD BEACH, FL
ZIP CODE & COUNTRY	33442 USA