

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004272

FILED  
Sep 14, 2009  
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:**

9480 POINCIANA PL STE  
#403  
FT LAUDERDALE, FL 33324

**Current Mailing Address:**

P. O. BOX 15937  
FT LAUDERDALE, FL 33318

**New Mailing Address:**

**FEI Number:** 01-0785601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

**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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D (X) Change ( ) Addition  
Name: WORTS,, EDGAR C III  
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 (X) Change ( ) Addition  
Name: BILLINS,, REGINALD L  
Address: 119480 POINCIANA PLACE  
City-St-Zip: FT LAUDERDALE, FL 33324

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

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

Title: D ( ) Delete  
Name: MARIN, IVONNE  
Address: 18702 N.W. 89TH AVE.  
City-St-Zip: MIAMI, FL 33018

Title: D (X) Change ( ) Addition  
Name: BENT,, ELIZABETH  
Address: 590 N.W. 49TH STREET # 101  
City-St-Zip: FT. LAUDERDALE, FL 33319

Title: D ( ) Delete  
Name: BENT, ELIZABETH  
Address: 590 N.W. 49TH ST. #101  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D (X) Change ( ) Addition  
Name: KOULLISER, JILLIAN  
Address: 9480 POINCIANA PLACE #403  
City-St-Zip: FT. LAUDERDALE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

09/14/2009

Electronic Signature of Signing Officer or Director

Date