2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2010
Secretary of State

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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:

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: BILLINS,, REGINALD L
Address: 119480 POINCIANA PLACE
City-St-Zip: FT LAUDERDALE, FL 33324

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

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

Title: D
Name: KOULLISER, JILLIAN
Address: 6440 FUNSTON STREET
City-St-Zip: HOLLYWOOD, FL 33023

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: MARYANN WORTS FEDP 01/17/2010

Electronic Signature of Signing Officer or Director — Date