

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004272

FILED  
Feb 17, 2011  
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:**

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)**

**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: 6440 FUNSTON STREET  
City-St-Zip: HOLLYWOOD, FL 33023

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

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date