

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10521

1. Corporation Name

The Servants Branch, Inc.

Principal Place of Business

Mailing Address

*1255 E.E. Williamson Rd.
Longwood, FL 32750*

*200 Spring Run Cir
Longwood, FL 32779*

2. Principal Place of Business:

2a. Mailing Address

21 *1255 E.E. Williamson Rd*

26 *200 Spring Run Circle*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 *Longwood, FL*

28 *Longwood, FL*

Zip

Country

Zip

Country

24 *32750*

25 *Seminole*

29 *32779*

30 *Seminole*

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/01/85

1995

4. FEI Number

Applied For

59-2570585

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☒ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Leslie M. Landry

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *President & Director*
STREET ADDRESS *Winnie Landry PD*
CITY-ST-ZIP *200 Spring Run Cir.
Longwood, FL 32779*

TITLE ☐ DELETE

NAME *Trustee, Director*
STREET ADDRESS *marcy mitcham D*
CITY-ST-ZIP *1264 Waterbeach Ct
Longwood, FL 32779*

TITLE ☐ DELETE

NAME *Trustee, Director*
STREET ADDRESS *CORA Purvis*
CITY-ST-ZIP *315 Shadow Bay Blvd. S. D
Longwood, FL 32779*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001856003
-06/07/96--01073--015
*****75.00**

CL 5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Winnie Landry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 *407-788-6404*
Date Daytime Phone #

CR2E037 (12/95)