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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N15462 DOCUMENT #

(7)

WORLD SERVANTS, INC.								
Principal Place of Business Mailing Address \$ CHARLES O. MORGAN. JR. 8233 GATOR LANE #6 B233 GATOR LANE #6					I 180 iild; doi 1198; biili dibin niish sian alah andi asiin dibi andi andis didik ibdi			
W PALM BCH.	. FL 33411	W PALM BCH. FL 33	411		3. Date Incorporated or Qualified 06/17/1986	3a. Date of Last 03/24/19		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For]
21		26		59-2707198 Not Appli		lot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required			
22		27 Ch. 8 Shale		6 5. 1. 0		<u>.</u>	-	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip Country		Zip Country		This corporation has liability for int.				
24 25		29 30		Florida Statutes			l	
	g, Name and Address of Current		11		10. Name and Address of New Reg	istered Agent		1
			8	1 Name				
MORGAN	I, CHARLES O. JR.		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		 .	-
1300 N.W. 167TH ST.								_
M IAMI FL	. 33169		8	3				
			8	4 City		FL 85 Zip	Code	
or register	o the provisions of Sections 617,0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	ia. Such change was autho	orized by the co	named corpo rporation's boa	ration submits this statement for the purpoint of directors. I hereby accept the appoin	ose of changing its r ntment as registered	egistered office agent. I am	
SIGNATURE _						DATE		1_
	Signature, typed or printed name of registered agent a OFFICERS AND		(NOTE Registered A	gent signature require	ADDITIONS/CHANGES TO OFFIC		FIS IN 12	⊣છે
12.	D OFFICERS AND	DELETE	1.1 TUTL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[7] Change	Addition	CR2E037 (12/95)
NAME	BANDSTRA, TED.	G *****	1 2 NAM			_	_	[<u>%</u>
STREET ADDRESS	9855 SW 89TH COURT			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL			-ST-ZIP				띯
TITLE	STD	DELETE	21 TITL			☐ Change	☐ Addition	70
NAME	ROOD, RAY		2 2 NAM	IE				İ
STREET ADDRESS	109 SOUTH GLENGROVE		2 3 STR	EET ADDRESS				
CITY-ST-ZIP	GLENDORA CA		2 4 CIT	Y-ST-ZIP				
TITLE	D	DELETE	3 1 TiTL			☐ Change	Addition	
NAME	AINSWORTH, ROBERT		3 2 NAN	16				
STREET ADDRESS	2778 TERREBONNE AVE.		3 3 STR	EET ADDRESS				
CITY - ST - ZIP	SAN DIMAS CA		3 4. CIT	Y - ST - ZIP				4
TITLE	Р	DELETE	41 TITL	E		Change	Addition	
NAME	GIBSON, TIMOTHY		4 2 NAI	ME				
STREET ADDRESS	14337 STIRRUP LANE		43 STR	EE1 ADORESS				
CITY - ST - ZIP	W PALM BCH FL			(-ST-ZIP			F-1 4 + P-1	4
TITLE	V	DELETE	5 1 TITL			☐ Change	Addition	
NAME	LAUB, JAMES		5 2 NAM					
STREET ADDRESS	12253 LACEWOOD LANE			EET ADDRESS				
CITY-ST-ZIP	W PALM BCH. FL	——————————————————————————————————————		r-ST-ZIP			C) Addition	4
TITLE	CD CD	DELETE	61 TITU			Change	Addition	
NAME	PRINCE, MARK		62 NA					
STREET ADDRESS	4587 MT. BRIGHTON DR.			EET ADORESS				
CITY-ST-ZIP	BRIGHTON MI	with this filing in valuatorily	64 CIT	Y-ST-ZIP	for the exemption stated in Section 119.0	7(3)(k). Florida Statu	tes. I further	\dashv
i ia. ioo defef	. D911CQQC POURHEION I I I I I I I I I I I I I I I I I I	WHEN THE BUILDING IS VOIDING!!!Y		~~~ inci quality	ic. als exemption elated in section 110.0		and the second second	

receitly that the information indicated on this annual report or supplied with this limiting is voluntarity further and bode not quality for the exemption stated in Section 119.07(5)(k), Florida Statutes. Flurher certify that the information indicated on this annual report or suppliemental 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. 5-2-96 407-790-8800

SIGNATURE:

SIGNATURE AND TREED OF BAINTED NAME OF SIGNING OFFICER OR DIRECTOR