

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15462** (7)  
1. Corporation Name  
**WORLD SERVANTS, INC.**



Principal Place of Business Mailing Address  
**% CHARLES O. MORGAN, JR.**  
**8233 GATOR LANE #6**  
**W PALM BCH. FL 33411**

3. Date Incorporated or Qualified  
**06/17/1986**  
 4. FEI Number  
**58-2707198**  
 Applied For  
 Not Applicable

2. Principal Place of Business 21 <b>7130 PORTLAND AVE S.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>7130 PORTLAND AVE. S.</b> Suite, Apt. #, etc.
23 <b>Richfield MN</b> City & State Zip <b>55423-3264</b> Country	27 <b>Richfield MN</b> City & State Zip <b>55423-3264</b> Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**MORGAN, CHARLES O. JR.**  
**1300 N.W. 167TH ST.**  
**MIAMI FL 33169**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANDSTRA, TED.</b>	1.2 NAME	
STREET ADDRESS	<b>9855 SW 89TH COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROOD, RAY</b>	2.2 NAME	
STREET ADDRESS	<b>100 SOUTH GLENGROVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLENDORA CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSWORTH, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>2778 TERREBONNE AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIMAS CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBSON, TIMOTHY</b>	4.2 NAME	
STREET ADDRESS	<b>14937 STIRRUP LANE</b>	4.3 STREET ADDRESS	<b>8016 Lea Rd</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>	4.4 CITY-ST-ZIP	<b>Bloomington, MN 55438</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAUB, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>12253 LACEWOOD LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEFFREY A. JONES</b>	6.2 NAME	<b>Project Dir/CFO</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>JEFFREY A. JONES</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>13028 14th Ave S.</b>
			<b>Burnsville, MN 55337-3971</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_

CR2E037 (10/97)