**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # N15462**

Country

9. Name and Address of Current Registered Agent

1. Corporation Name

WORLD SERVANTS, INC.

Principal Place of Business	
% CHARLES Q. MORGAN, JR	ί.
7130 PORTLAND AVE \$	
RICHFIELD MN 55423-3264	
118	

2. Principal Place of Business

MORGAN, CHARLES O. JR.

1300 N.W. 167TH ST.

MIAMI FL 33169

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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% CHARLES O. MORGAN. JR. 7130 PORTLAND AVE S RICHFIELD MN 55423-3264

## **FILED** Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90159 006 \*\*\*\*70.00

i		- 198370	) - 90108	····	
	3.	Date Incorporated or Qualifed 06/17/1986			
^	4.	FEI Number = 59-2707198		Applied For Not Applicable	
<u>.</u>	5.	Certificate of Status Desired	×	\$8.75 Additional Fee Required	
<del></del> -	6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
***	10.	Name and Address of New R	egister	ed Agent	
Name		•			
Street Addres	ss (f	P.O. Box Number is Not Accepta	ble)		

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.

83

84 City

Country

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SIGNATURE	_					
	Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Re	gistered Agent signature re		DATE DIRECTOR	20 IN 42
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF		
TITLE	CD	☐ DÉLETE	1,1 TITLE	4	Change	Addition
NAME	BANDSTRA, TED.		1.2 NAME	Hand Frail	LNOSTra North	
STREET ADDRESS	9855 SW 89TH COURT		1.3 STREET ADDRESS	the state of the s	<u>. (</u>	
CITY-ST-ZIP	MIAMI FL		1.4 CITY+ST-ZIP	Maria State of the	<u> </u>	<b>*</b> • • • • • • • • • • • • • • • • • • •
TITLE	STD	DELETE	2.1 TITLE	CD	Change	Addition
NAME	ROOD, RAY		2.2 NAME	MR. JACK Forth 14189 Ostlund Tra Marine on St Crox	el North	
STREET ADDRESS	109 SOUTH GLENGROVE		2.3 STREET ADDRESS	1418-1 036 000000 11		,
CITY-ST-ZIP -	-GLENDORA CA		2. 4 CITY-ST-ZIP	Marine on St Crox,	MJ-5504	,
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	AINSWORTH, ROBERT		3.2 NAME			
STREET ADDRESS	2778 TERREBONNE AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	SAN DIMAS CA	_	3.4. CITY-ST-ZIP			
TITLE	P	☐ DELETE	4.1 TITLE		Change	Addition
NAME	GIBSON, TIMOTHY		4, 2 NAME		•	
STREET ADDRESS	8016 LEA RD		4.3 STREET ADDRESS		·	
CITY-ST-ZIP	BLOOMINGTON MN 55438		4.4 CITY-ST-ZIP			
TITLE	V	<b>⊠</b> DELETE	5.1 TITLE		Change	Addition
NAME	LAUB, JAMES		5.2 NAME			
STREET ADDRESS	12253 LACEWOOD LANE		5.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH. FL		5.4 CITY-\$T-ZIP			
TITLE	CFOD	☐ DELETE	6.1 TITLE	C.O.O	- Change	Addition
NAME	JEFFREY A JONES		6.2 NAME	JEFFREY A. JONES		
STREET ADDRESS	13028 14TH AVE S		6.3 STREET ADDRESS			
CITY-ST-ZIP	BURNSVILLE MN 55337		6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

PEQUIFFER COX A. Jones Feb 9'99 612-866-0010