

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90077 032 ****70.00

DOCUMENT # N17394

1. Entity Name

JESUS' SERVANTS, INC.



Principal Place of Business

552 ORANGE AVE.
#7
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

P O BOX 151597
ALTAMONTE SPRINGS FL 32715
US



2. Principal Place of Business

Same As Above

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Same as Above

Zip

Country

Same as Above

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2772877

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARRARD, ROLAND
1033 RENNEY FARMS
PENNEY FARMS FL 32079

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCFALLS, BOBBY M
STREET ADDRESS PO BOX 151597
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32715 ☐ Delete

TITLE VD
NAME JARRARD, ROLAND
STREET ADDRESS 1033 PENNEY FARMS
CITY-ST-ZIP PENNEY FARMS FL 32079 ☐ Delete

TITLE D
NAME TAYLOR, JAMES A
STREET ADDRESS 592 CULLUM ST
CITY-ST-ZIP MEADVILLE PA ☐ Delete

TITLE D
NAME FENT, SARAH E
STREET ADDRESS 220 CUSHING AVE.
CITY-ST-ZIP DAYTON OH 45409 ☐ Delete

TITLE D
NAME WILLIAM, LYNCH M III
STREET ADDRESS PO BOX 940246
CITY-ST-ZIP MAITLAND FL 32794 ☐ Delete

TITLE ~~Director~~
NAME ~~BOBBY MCFALLS~~
STREET ADDRESS ~~PO BOX 151597~~
CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL 32715~~ ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR
NAME John Wright
STREET ADDRESS P.M.B. 2964 - P.O. Box 2430
CITY-ST-ZIP Pensacola, FL 32513 ☐ Change ☒ Addition

TITLE DIRECTOR
NAME MARK T. MCFALLS
STREET ADDRESS 15470 Chloee Circle
CITY-ST-ZIP Ft. Meyers FL 33908 ☐ Change ☒ Addition

TITLE DIRECTOR
NAME William H. Brune III
STREET ADDRESS 870 Church Ave.
CITY-ST-ZIP Longwood FL 32750 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Handwritten Signature] 1-27-06-21077678070