

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90082 038 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2772877

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARRARD, ROLAND
1033 RENNEY FARMS
PENNEY FARMS FL 32079

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

Roland Jarrard

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

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

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

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

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

TITLE D ☐ Delete
NAME BRUCE, WILLIAM H III
STREET ADDRESS 870 CHURCH AVE
CITY-ST-ZIP LONGWOOD FL 32750

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Michel Machado
STREET ADDRESS 10420 Lehman Rd.
CITY-ST-ZIP Orlando, FL 32825

TITLE D ☐ Change ☒ Addition
NAME John M. Wright
STREET ADDRESS 15156 Spinnaker Cove Loop
CITY-ST-ZIP Winter Garden, FL 34787

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

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

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

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

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:

Bobby M. McFall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-07 407-767-8070