

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90021 005 \*\*\*\*70.00

**DOCUMENT # N17394**

1. Entity Name

JESUS' SERVANTS, INC.

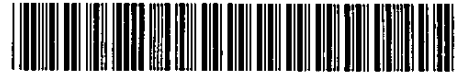


Principal Place of Business

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 #

15470 Chloe Circle  
Suite, Apt. #, etc.

3. Mailing Address

Same As Above  
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Altamonte FL

City & State

Altamonte FL

4. FEI Number

59-2772877

Applied For

Not Applicable

Zip

33908

Country

Zip

Altamonte FL

Country

Altamonte FL

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JARRARD, ROLAND  
PO Box 1033 PENNEY 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

*Roland L. Jarrard*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-08

**FILE NOW - FEE IS \$61.25**

**Due By: May 1, 2008**

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 ☐ Delete  
STREET ADDRESS PO BOX 151597  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32715

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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* Feb 9 2008 407-767-8070