

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35122**

(3)

1. Corporation Name

SERVANTS OF THE PEOPLE, INC.



Principal Place of Business

Mailing Address

**2302 NE 55TH BLVD
GAINESVILLE FL 32641**

**P.O. BOX 879
GAINESVILLE FL 32641**

3. Date Incorporated or Qualified
11/06/1989

3a. Date of Last Report
09/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 624

22 City & State

27 City & State
Gainesville, FL

23 Zip Country

28 Zip Country
32602 Alachua

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOBLEY, ANNILEESE T
2302 NE 55TH BLVD.
GAINESVILLE FL 32641**

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

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

Annileese T. Mobley, Ex. Director

February 19, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ED** ☐ DELETE
NAME **MOBLEY, ANNILEESE T**
STREET ADDRESS **2302 N.E. 55TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE **VD** ☐ DELETE
NAME **SPENCER, CARL**
STREET ADDRESS **119 LAUREL ST.**
CITY-ST-ZIP **ATHOL MA 01331**

TITLE **SD** ☐ DELETE
NAME **OLLIFF, NATHANIEL**
STREET ADDRESS **P.O. BOX 2303 N/A**
CITY-ST-ZIP **GAINESVILLE FL 32602**

TITLE **TD** ☐ DELETE
NAME **GEORGE, ESSIE M**
STREET ADDRESS **8806 SW 59TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **ACD** ☐ DELETE
NAME **SPENCER, EMILY M**
STREET ADDRESS **119 LAUREL STREET**
CITY-ST-ZIP **ATHOL MA 01331**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Annileese T. Mobley, Executive Director February 19, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)