

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001436

FILED
Apr 25, 2009
Secretary of State

Entity Name: UNITED SERVANTS ABROAD, INC.

Current Principal Place of Business:

505 S FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3475
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0821937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: STEPP, MELANIE
Address: 5216 LAYTON DR
City-St-Zip: VENICE, FL 34293

Title: DT () Delete
Name: ELMORE, KATHRYN
Address: 14530 ROLLING ROCK
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: RICHARDSON, DAVID
Address: 10935 NW 40TH ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: OZIER, CALVIN
Address: 1574 WHITMAN PALMCE E
City-St-Zip: MEMPHIS, TN 38120

Title: VD () Delete
Name: BRANCH, MICHAEL
Address: 330 LAKE RD
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: HOUGH, BEATRICE
Address: 1957 FITTIN CT
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FORMAN, WALTER
Address: 28 SHADY LANE
City-St-Zip: TEQUESTA, FL 33469

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRANCH, MICHAEL
Address: 330 LAKE RD
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN S. ELMORE

DT

04/25/2009

Electronic Signature of Signing Officer or Director

Date