

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001572

FILED
Apr 12, 2004
Secretary of State

Entity Name: GOOD AND FAITHFUL SERVANTS, INC.

Current Principal Place of Business:

5269 WATER VALLEY DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

118 SALEM COURT
ATTN: ANGELA M. POOLE
TALLAHASSEE, FL 32301 US

Current Mailing Address:

P. O. BOX 4045
TALLAHASSEE, FL 32315

New Mailing Address:

P. O. BOX 4045
TALLAHASSEE, FL 32315 US

FEI Number: 65-0895800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, ANGELA M CPA
5269 WATER VALLEY DRIVE
TALLAHASSEE, FL 32303

Name and Address of New Registered Agent:

POOLE, ANGELA M CPA
118 SALEM COURT
SUITE A
TALLAHASSEE, FL 32301 US

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:

04/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POOLE, ANGELA M
Address: POST OFFICE BOX 4045
City-St-Zip: TALLAHASSEE, FL 32315

Title: VPD () Delete
Name: POOLE, COREY D
Address: POST OFFICE BOX 4045
City-St-Zip: TALLAHASSEE, FL 32315

Title: SD () Delete
Name: MOSS, DORIS L
Address: 10814 SW 141ST LANE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MOSS, DORIS L
Address: POST OFFICE BOX 180986
City-St-Zip: TALLAHASSEE, FL 32318

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANGELA M. POOLE

PD

04/12/2004

Electronic Signature of Signing Officer or Director

Date