

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000001572

1. Entity Name
GOOD AND FAITHFUL SERVANTS, INC.



Principal Place of Business
130 SALEM COURT
TALLAHASSEE, FL 32301 US

Mailing Address
130 SALEM COURT
ATTN: ANGELA POOLE RA
TALLAHASSEE, FL 32301 US

FILED

07 MAY -4 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

1931 Welby Way

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

same

City & State

Tallahassee

City & State

same

Zip

32300

Country

USA

Zip

same

Country

same

05042007

Chg-NP

CR2E037 (12/06)

07

4. FEI Number

65-0895800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELA MOSS POOLE LLC
130 SALEM COURT
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1931 Welby Way

Suite 5

City

Tallahassee

FL

Zip Code

32300

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

Angela M. Poole

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-07

Filing Fee is \$61.25
Due by September 14, 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 PD
NAME POOLE, ANGELA M
STREET ADDRESS POST OFFICE BOX 4045
CITY-ST-ZIP TALLAHASSEE, FL 32315 ☐ Delete

TITLE VPD
NAME POOLE, COREY D
STREET ADDRESS POST OFFICE BOX 4045
CITY-ST-ZIP TALLAHASSEE, FL 32315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200109029312
05/22/07--01042--003 **122.50

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Angela M. Poole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #