



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90030 020 ****61.25

DOCUMENT # N50252					
1. Entity Name SAINT AMBROSE EPISCOPAL CHURCH, INC.					
Principal Place of Business 2250 S.W. 31 AVE. FT. LAUDERDALE, FL		Mailing Address 2250 S.W. 31 AVE. FT. LAUDERDALE, FL			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-6019046	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEOPLES, DAVID B THE REV 5523 NW 53 CIRCLE COCONUT CREEK, FL 33073			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GARDNER, MEREDITH	NAME	STEINER, John		
STREET ADDRESS	2520 SW 34 AVENUE	STREET ADDRESS	2407 Sugarloaf Lane		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Fort Lauderdale, FL 33312		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARMAN, MARY ANN	NAME	Harman, Thomas		
STREET ADDRESS	3788 S.W. 19 STREET	STREET ADDRESS	3788 SW 19 Street		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Fort Lauderdale, FL 33312		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MALSBURY, MARY LOU	NAME	O'TOOLE, Lynda		
STREET ADDRESS	2991 S.W. 21 COURT	STREET ADDRESS	705 SW 8 Terrace		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Fort Lauderdale, FL 33312		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EVANS, WILLIAM	NAME	Hudson, Andrew		
STREET ADDRESS	141 NE 56 COURT	STREET ADDRESS	4441 SW 22 Street		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	CITY-ST-ZIP	Fort Lauderdale, FL 33317		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EVANS, ELLIE	NAME	BROWN, Jennifer		
STREET ADDRESS	141 NE 56 COURT	STREET ADDRESS	P.O. Box 8323, Pembroke Pines, FL 33084		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	WILLIAMS, CHRISTOPHER	NAME			
STREET ADDRESS	3609 S.W. 23 STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DAVID B. PEOPLES		2-1-05 954-583-0603	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	