


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90027 039 \*\*\*\*61.25

<b>DOCUMENT # N50252</b>	
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
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40012886



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01312007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6019046	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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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	NEWSOM, SANDRA			NAME	Behrens, Sandra		
STREET ADDRESS	112 LK EMERALD DR, # 204			STREET ADDRESS	5410 Polk Street		
CITY-ST-ZIP	OAKLAND PARK, FL 33309			CITY-ST-ZIP	Hollywood, FL 33021		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARMAN, THOMAS			NAME	Cotnoir, Doris		
STREET ADDRESS	3788 S.W. 19 STREET			STREET ADDRESS	1930 NE 2 Ave, Apt. L-103		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312			CITY-ST-ZIP	Wilton Manors, FL 33305		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MALSBURY, MARY LOU			NAME	Madeira, Paul		
STREET ADDRESS	2991 S.W. 21 COURT			STREET ADDRESS	3461 Jackson Blvd.		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312			CITY-ST-ZIP	Ft Lauderdale, FL 33312		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUDSON, ANDREW			NAME	Rogers, Wayne		
STREET ADDRESS	4441 SW 22 STREET			STREET ADDRESS	12 NE 19 Court, Apt. A-111		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317			CITY-ST-ZIP	Wilton Manors, FL 33305		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, JENNIFER			NAME	Evans, William		
STREET ADDRESS	POB 8323			STREET ADDRESS	141 NE 56 Court		
CITY-ST-ZIP	PEMBROKE PINES, FL 3308400			CITY-ST-ZIP	Ft. Lauderdale, FL 33334		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: Doris E. Cotnoir DORIS E. COTNOIR January 31, 2007 954-583-0603  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #