2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# 743637

Entity Name: AMBASSADORS FOR CHRIST MINISTRIES, INC.

Current Principal Place of Business:

2623 SOUTH BUMBY AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

2623 SOUTH BUMBY AVENUE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURRY, THOMAS D
2623 SOUTH BUMBY AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

O'SHEA, MARIA
2623 SOUTH BUMBY AVENUE
ORLANDO, FL 32806 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: MARIA O'SHEA 04/25/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CURRY, THOMAS D
Address: 520 TOPAZ WAY
City-St-Zip: ORLANDO, FL

Title: SD ( ) Delete
Name: COVINGTON, THOMAS
Address: 1027 SHINE AVE
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete
Name: SLAY, BONNIE SUSAN
Address: 4511 HWY 95 A
City-St-Zip: MOLINO, FL 32577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: O'SHEA, MARIA
Address: P.O.560554
City-St-Zip: ORLANDO, FL 32586 US

Title: SD (X) Change ( ) Addition
Name: COVINGTON, THOMAS
Address: 1027 SHINE AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: TD (X) Change ( ) Addition
Name: SLAY, BONNIE SUSAN
Address: 4511 HWY 95 A
City-St-Zip: MOLINO, FL 32577 US

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: BONNIE S. SLAY TD 04/25/2007
Electronic Signature of Signing Officer or Director — Date