

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 756494

1. Entity Name
AMBASSADORS FOR CHRIST, INCORPORATED



Principal Place of Business
**750 W 9TH ST
SANFORD, FL 32771**

Mailing Address
**PO BOX 1553
SANFORD, FL 32772**

DO NOT WRITE IN THIS SPACE

03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2768344

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STIVER, BOBBIE WHITTED
750 W 9TH STREET
SANFORD, FL**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STIVER, BOBBIE
STREET ADDRESS	201 RAMBELWOOD DR.
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	D
NAME	PARROTT, THOMAS
STREET ADDRESS	1725 N. HWY 17
CITY - ST - ZIP	SEVILLE, FL 32190
TITLE	OD
NAME	DEFARES, HELENE
STREET ADDRESS	308 RACHELLE AVE, APT #534
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	OD
NAME	WOODWARD, ELLA
STREET ADDRESS	1018 JESSAMINE AVE.
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	OD
NAME	DEBROSE, GWENDOLYN
STREET ADDRESS	201 RAMBLEWOOD DR
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	OD
NAME	CHURCH, BLANCHR
STREET ADDRESS	932 HICKORY BEND RD
CITY - ST - ZIP	ATLANTA, GA 30349

1100000279348
03/28/05-80062-015 70.00

**DO NOT WRITE
IN THIS SPACE**

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

Bobbie Stiver **BOBBIE
STIVER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 **407-330-3291**
Date Daytime Phone #