

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756494

FILED
Apr 08, 2008
Secretary of State

Entity Name: AMBASSADORS FOR CHRIST, INCORPORATED

Current Principal Place of Business:

750 W 9TH ST
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 1553
SANFORD, FL 32772

New Mailing Address:

FEI Number: 59-2768344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STIVER, BOBBIE
Address: 201 RAMBELWOOD DR.
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: BARNES, GEORGE
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771

Title: OD () Delete
Name: HOWELL, TYRONE
Address: 3615 WALNUT HILL LN APT 3076
City-St-Zip: IRVING, TX 75038

Title: OD () Delete
Name: WILLIAMS, NATHANIEL
Address: 1008 E 9H ST
City-St-Zip: SANFORD, FL 32772

Title: OD () Delete
Name: DEBROSE, GWENDOLYN
Address: 201 RAMBLEWOOD DR
City-St-Zip: SANFORD, FL 32773

Title: OD () Delete
Name: CHURCH, BLANCHE
Address: 932 HICKORY BEND RD
City-St-Zip: ATLANTA, GA 30349

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEBOSE, GWENDOLYN
Address: 206 MARGARITA RD
City-St-Zip: DEBARY, FL 32713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OD (X) Change () Addition
Name: BROWNE, DIANA
Address: 2041 CLEO LN
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DIANA BROWNE

OD

04/08/2008

Electronic Signature of Signing Officer or Director

Date