

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756494

FILED  
Apr 01, 2009  
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 ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

STIVER, BOBBIE WHITTED  
750 W 9TH STREET  
SANFORD, FL 32771 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: BOBBIE STIVER

04/01/2009

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: DEBOSE, GWENDOLYN  
Address: 206 MARGARITA RD  
City-St-Zip: DEBARY, FL 32713

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 (X) Delete  
Name: BROWNE, DIANA  
Address: 2041 CLEO LN  
City-St-Zip: DELTONA, FL 32738

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

Title: OD (X) Change ( ) Addition  
Name: BARBARA, BROWNE  
Address: 1018 OLIVE AVE  
City-St-Zip: SANFORD, FL 32771

Title: OD (X) Change ( ) Addition  
Name: ELLA, WOODARD  
Address: 1018 JESAMINE AVE  
City-St-Zip: SANFORD, FL 32771

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

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: BOBBIE STIVER

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date