


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90047 006 ****61.25

DOCUMENT # N00000008352 1. Entity Name JESUS CHRIST'S AMBASSADORS CHURCH, INC.					
Principal Place of Business 1550 N. FEDERAL HWY 13 BOYNTON BEACH, FL 33435			Mailing Address 585 ANGLAIR DR DELRAY BCH, FL 33445		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1081599	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EMILCARE, SOUVENIR REV 585 ANGLAIR DR DELRAY BCH, FL 33445				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMILCAR, SOUVENIR 585 ANGLER DR. DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DACHOUTE, MARIE JOSEE 2288 SE 4TH STREET BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPH, LISETTE 409 SW 7TH AVENUE LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVENIR, JACQUES 117 SW 4TH STREET DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENIN, JOSEPH 1520 CONGRESS AVE DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESTINVIL, MONIUE 6225 COUNTRY FAIR CIR. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pradel Dorsainvil 2316 NE 4th Ct Boynton Beach, FL 33435				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Manette Alliance 424 GAZETTE WAY West Palm Beach, FL 33413				
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: <i>Souvenir Emilcar</i>		2-08-06		561-276-9668	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	