2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# N01000006905

Entity Name: AMBASSADORS CHRISTIAN LIFE ACADEMY, INC.

Current Principal Place of Business:

201 RAMBLEWOOD DR
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1553
SANFORD, FL 32772

New Mailing Address:

FEI Number: 52-2340176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STIVER, BOBBIE
201 RAMBLEWOOD DR
SANFORD, FL 32773 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: VPD ( ) Delete
Name: PARROT, THOMAS
Address: 1725 N HWY 17/P.O BOX 444
City-St-Zip: SEVILLE, FL 32190

Title: DCEO ( ) Delete
Name: STIVER, BOBBIE PASTOR
Address: 201 RAMBLEWOOD DRIVE
City-St-Zip: SANFORD, FL 32773

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

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

Title: FAT ( ) Delete
Name: WOODWARD, ELLA
Address: 1011 JESSAMINE ST
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: BARNES, GEORGE
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771

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

Title: ASD (X) Change ( ) Addition
Name: DEBOSE, GWENDOLYN
Address: 90 HIDDEN LAKE DR APARTMENT 182
City-St-Zip: SANFORD, FL 32773

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 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: PASTOR BOBBIE STIVER PAST 03/08/2006

Electronic Signature of Signing Officer or Director — Date