

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90206 027 \*\*\*\*70.00

<b>DOCUMENT # N01000007116</b> 1. Entity Name <b>AMBASSADOR GOSPEL ASSEMBLY OF ORLANDO, INC.</b>					
Principal Place of Business <b>923 N. HASTINGS ST. ORLANDO FL 32808</b>			Mailing Address <b>6329 LAURELWOOD CT ORLANDO FL 32818 US</b>		
2. Principal Place of Business, No P.O. Box # <b>923 N Hastings St</b> Suite, Apt. #, etc.		3. Mailing Address <b>2210 Woodwind DR</b> Suite, Apt. #, etc.			
City & State <b>Orlando Florida</b>		City & State <b>Orlando Florida</b>		4. FEI Number <b>59-3747395</b>	
Zip <b>32808</b>		Country <b>orange</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BY, MONTANEAU 6329 LAURELWOOD COURT ORLANDO FL 32818</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <b>Montaneau, BY</b> <span style="float: right;">4/17/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BY, MONTANEAU 6329 LAURELWOOD COURT ORLANDO FL 32818	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY, Montaneau 2210 Woodwind Dr Orlando Florida 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BY, IMMACULA 6329 LAURELWOOD COURT ORLANDO FL 32818	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY, IMMACULA 2210 Woodwind Dr Orlando Florida 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BY, ANOSON 6329 LAURELWOOD COURT ORLANDO FL 32818	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY, ANOSON 2210 Woodwind Dr Orlando Florida 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Montaneau BY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					