2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004120

FILED Mar 01, 2006 Secretary of State

Entity Name: AMBASSADORS FOR CHRIST FAMILY CHRISTIAN CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

326 ORIANA DRIVE SPRING HILL, FL 34609

Current Mailing Address: New Mailing Address:

326 ORIANA DRIVE SPRING HILL, FL 34609

FEI Number: 72-1597535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARE, CAROL A 326 ORIANA DRIVE 326 ORIANA DRIVE

SPRING HILL, FL 34609 US SPRING HILL, FL 34609 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: CAROL A. WARE 03/01/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: WARE, WALTER P WARE, WALTER P

 Address:
 326 ORIANA DRIVE
 Address:
 326 ORIANA DRIVE

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34609 US

Title: V () Delete Title: VP (X) Change () Addition

 Name:
 WARE, CAROL
 Name:
 WARE, CAROL A VP

 Address:
 326 ORIANA DRIVE
 326 ORIANA DRIVE

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34609 US

Title: PV () Delete Title: PVPA (X) Change () Addition

Name: WARE, DARYLE Name: WARE, DARYLE PVPA Address: 326 ORIANA DRIVE Address: 907 SIPP AVE

City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: E. PATCHOGUE, NY 11772 US

Title: PV () Delete Title: PVPA (X) Change () Addition Name: WARE, KIMBLE PVPA WARE, KIMBLE PVPA

Address: 326 ORIANA DRIVE Address: 90 ALCOLADE DRIVE EAST
City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: SHIRLEY, NY 11967 US

 Name:
 Name:
 SMITH, DIANE S

 Address:
 Address:
 326 ORIANA DRIVE

 City-St-Zip:
 City-St-Zip:
 SPRING HILL, FL 34609 US

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 BENNETT, MILDRED T

 Address:
 Address:
 16114 DAYTONA STREET

 City-St-Zip:
 City-St-Zip:
 BROOKSVILLE, FL 34604 US

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: CAROL A. WARE VP 03/01/2006