

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004120

FILED
Feb 17, 2009
Secretary of State

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

Current Principal Place of Business:

326 ORIANA DRIVE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

326 ORIANA DRIVE
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 72-1597535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARE, CAROL A
326 ORIANA DRIVE
SPRING HILL, FL 34609 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: P () Delete
Name: WARE, WALTER P
Address: 326 ORIANA DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP () Delete
Name: WARE, CAROL A VP
Address: 326 ORIANA DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: PVPA () Delete
Name: WARE, DARYLE PVPA
Address: 907 SIPP AVE
City-St-Zip: E. PATCHOGUE, NY 11772 US

Title: PVPA () Delete
Name: WARE, KIMBLE PVPA
Address: 90 ALCOLADE DRIVE EAST
City-St-Zip: SHIRLEY, NY 11967 US

Title: S () Delete
Name: RIVERA, BELIX S
Address: 2222 KENDALL SGS CT. APT 303
City-St-Zip: BRANDON, FL 33311 US

Title: T () Delete
Name: CLARIDY, FRED T
Address: 9806 NORTH OJUS DRIVE
City-St-Zip: TAMPA, FL 33617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: T (X) Change () Addition
Name: RIVERA, BELIX T
Address: 2222 KENDALL SGS CT. APT 303
City-St-Zip: BRANDON, FL 33311 US

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: CAROL A. WARE

CEFO

02/17/2009

Electronic Signature of Signing Officer or Director

Date