

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006534

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE AMBASSADOR FOR CHRIST CONVENTION CHURCHES INC.

Current Principal Place of Business:

P.O. BOX 682257
ORLANDO, FL 32868

New Principal Place of Business:

12028 LAKESHORE DR
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 682257
ORLANDO, FL 32868 US

New Mailing Address:

FEI Number: 51-0547341 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DP () Delete
Name: FRISBY, FRANKLIN DR.
Address: P.O. BOX 682257
City-St-Zip: ORLANDO, FL 32868 US

Title: D () Delete
Name: WILLIAMS, WAYNE A
Address: P.O. BOX 682257
City-St-Zip: ORLANDO, FL 32868 US

Title: D () Delete
Name: FIGUEROA, ALEX REV.
Address: P.O. BOX 682257
City-St-Zip: ORLANDO, FL 32868 US

Title: D () Delete
Name: MCKNIGHT, ELDER G
Address: P.O. BOX 682257
City-St-Zip: ORLANDO, FL 32868 US

Title: D (X) Delete
Name: MOTON, NATHANIEL PASTOR
Address: P.O. BOX 682257
City-St-Zip: ORLANDO, FL 32868 US

Title: D () Delete
Name: JOHNSON, MINNIE P PASTOR
Address: P.O. BOX 682257
City-St-Zip: ORLANDO, FL 32868 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: NEWSOME, STANLEY REV.
Address: P.O. BOX 682257
City-St-Zip: ORLANDO, FL 32868 US

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:

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: DR. FRANKLIN FRISBY

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date