

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012908

FILED
May 05, 2008
Secretary of State

Entity Name: AMBASSADOR FOR FAMILY FUND MINISTRIES, INC.

Current Principal Place of Business:

12028 LAKESHORE DR
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

992 GALION ST
HARRISBURG, PA 17111

New Mailing Address:

FEI Number: 22-3949987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PD () Delete
Name: FRISBY, FRANKLIN D.D.
Address: 12028 LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: CRUTCHFIELD, RONALD F
Address: 12028 LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: CRUTCHFIELD, KATIE J
Address: 12028 LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: CRUTCHFIELD, CLARENCE J
Address: 12028 LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: FRISBY, DARLENE G.
Address: 12028 LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: CRUTCHFIELD, MARY
Address: 12028 LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711

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

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: KATIE J. CRUTCHFIELD

SD

05/05/2008

Electronic Signature of Signing Officer or Director

_____ Date