

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012908

FILED  
May 04, 2009  
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:**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: \_\_\_\_\_

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:

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: RONALD F. CRUTCHFIELD

VPD

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date