2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013146

FILED Jan 11, 2008 Secretary of State

Entity Name: AMBASSADORS FOR CHRIST CAMPUS MINISTRIES INC

Current Principal Place of Business: New Principal Place of Business: 2870 MERIDIAN RD 2870 N MERIDIAN RD TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 2870 MERIDIAN RD 2870 N MERIDIAN RD TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32312 FEI Number: 51-0627879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DENNARD, HARRY A 3758 CUNÁRD DR TALLAHASSEE, FL 32311 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HUGHES, BRENNAN HUGHES, BRENNAN Name: Name: 1951 N. MERIDIAN RD. #79 Address: 1951 N. MERIDIAN RD. #67 Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: () Change () Addition CRUTCHFIEL, JOHNSON Name: Name: Address: 815 BRENT DR Address: City-St-Zip: TALLAHASSEE, FL 32305 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, MIKE Name: Name: 1404 BALBOA DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32305 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEONARD, JOHNATHAN Name: Address: 2363 AJAX RD Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: () Delete Title: () Change () Addition DENNARD, HARRY A Name: Name: 3758 CUNARD DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: () Delete Title: () Change () Addition STEWART, LEE Name: Name: Address: 4427 CHAIRES CROSSROADS Address: TALLHASSEE, FL 32317 City-St-Zip: 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: BRENNAN HUGHES P 01/11/2008