

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000239

FILED
May 01, 2009
Secretary of State

Entity Name: AMBASSADORS FOR CHRIST CHURCH OF THE LIVING GOD, INC.

Current Principal Place of Business:

145 E. EDGEWOOD DRIVE
LAKELAND, FL 33805

New Principal Place of Business:

145 E. EDGEWOOD DRIVE
LAKELAND, FL 33803

Current Mailing Address:

1429 N. CARVER AVENUE
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 26-1702409 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:

SHAW, MAUREEN D
1429 N. CARVER AVENUE
LAKELAND, FL 33805 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: SHAW, BOBBY R
Address: 1429 N. CARVER AVENUE
City-St-Zip: LAKELAND, FL 33805

Title: VP () Delete
Name: SHAW, MAUREEN D
Address: 1429 N. CARVER AVENUE
City-St-Zip: LAKELAND, FL 33805

Title: SECY () Delete
Name: HAYES, DWAYNES S
Address: 1429 N. CARVER AVENUE
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: HAMILTON, MINNIE M
Address: P.O. BOX 91281
City-St-Zip: LAKELAND, FL 338041281

Title: D () Delete
Name: PINNOCK, ELLA F
Address: P.O. BOX 91281
City-St-Zip: LAKELAND, FL 338041281

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: MAUREEN D. SHAW

VP

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date