2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000004447

Entity Name: AMBASSADORS FOR CHRIST RETREATS, INC.

Current Principal Place of Business:

4355 POLING BLVD.
PENNY FARMS, FL 32079

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1077
PENNEY FARMS, FL 32079

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOCH, CHARLES E
3445 MORTON AVE.
PENNEY FARMS, FL 32079 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:	CHRM	( ) Delete
Name:	WATSON, THOMAS W	
Address:	4355 POLING BLVD.	
City-St-Zip:	PENNY FARMS, FL 32079	
Title:	VCHR	( ) Delete
Name:	KNIGHT, BRUCE	
Address:	140 CAITLYN DRIVE	
City-St-Zip:	SALITILLO, MS 38866	
Title:	S	( ) Delete
Name:	KOCH, CHARLES E	
Address:	3445 MORTON AVE.	
City-St-Zip:	PENNY FARMS, FL 32079	
Title:	T	( ) Delete
Name:	WATSON, MARLYS J	
Address:	4355 POLING BLVD.	
City-St-Zip:	PENNY FARMS, FL 32079	

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:	

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: THOMAS W. WATSON PRES 04/22/2009
Electronic Signature of Signing Officer or Director — Date