

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004447

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**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  
Name: WATSON, THOMAS W  
Address: 4355 POLING BLVD.  
City-St-Zip: PENNY FARMS, FL 32079

Title: VCHR  
Name: KNIGHT, BRUCE  
Address: 140 CAITLYN DRIVE  
City-St-Zip: SALITILLO, MS 38866

Title: S  
Name: KOCH, CHARLES E  
Address: 3445 MORTON AVE.  
City-St-Zip: PENNY FARMS, FL 32079

Title: T  
Name: WATSON, MARLYS J  
Address: 4355 POLING BLVD.  
City-St-Zip: PENNY FARMS, FL 32079

I hereby 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 all other like empowered.

SIGNATURE: THOMAS W. WATSON

CHRM

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date