## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000005624

Apr 26, 2010 Secretary of State

Entity Name: AMBASSADOR MIRACLE VILLAGE INC.

**Current Principal Place of Business:** 

4850 NORTH STATE RD SEVEN BLDG G SUITE 111

LAUDERDALE LAKES, FL 33319

FEI Number Applied For ( )

5481 NORTH STATE ROAD SEVEN

New Principal Place of Business:

TAMARAC, FL 33319

**Current Mailing Address:** 

**New Mailing Address:** 

4850 NORTH STATE RD SEVEN BLDG G SUITE 111

5481 NORTH STATE ROAD SEVEN TAMARAC, FL 33319

LAUDERDALE LAKES, FL 33319

FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOUDEN, G. HORATIO 5035 SABRELINE TERR

FEI Number: 27-0334824

GREENACRES, FL 33463 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:**

LYNCH/LOUDEN. WINSOME T Name: Address: 5035 SABRELINE TERR City-St-Zip: GREENACRES, FL 33463

Title:

Name: LOUDEN, G. HORATIO Address: 5035 SABRELINE TERR City-St-Zip: GREENACRES, FL 33463

Title: TD

WHITE, JENNIFER Name: Address: 3776 NW 107 WAY City-St-Zip: SUNRISE, FL 33351

Title: SD

LYNCH, LINDA Name:

6354 WEST SAMPLE ROAD Address: City-St-Zip: CORAL SPRINGS, FL 33067

Title:

CRANSTON, ALCIA Name: 2300 NW 44TH AVE Address: City-St-Zip: LAUDERHILL, FL 33313

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: GIFFORD LOUDEN **VPD** 04/26/2010