

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005624

FILED
Apr 28, 2011
Secretary of State

Entity Name: AMBASSADOR MIRACLE VILLAGE INC.

Current Principal Place of Business:

5481 NORTH STATE ROAD SEVEN
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

5481 NORTH STATE ROAD SEVEN
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 27-0334824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUDEN, G. HORATIO
5035 SABRELINE TERR
GREENACRES, FL 33463 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: DP
Name: WHITE, JENNIFER
Address: 3776 NW 107 WAY
City-St-Zip: SUNRISE, FL 33351

Title: VPD
Name: LOUDEN, WINSOME
Address: 5035 SABRELINE TERRACE
City-St-Zip: GREENACRES, FL 33463

Title: D/T
Name: LOUDEN, GIFFORD
Address: 5035 SABRELINE TERRACE
City-St-Zip: GREENACRES, FL 33463

Title: SD
Name: LYNCH, LINDA
Address: 6354 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D
Name: HAMILTON, NERESSA
Address: 3431 NW 50 AVE, UNIT 314
City-St-Zip: LAUDERDALE LAKES, FL 33319

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

D/T

04/28/2011

Electronic Signature of Signing Officer or Director

Date