


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90051 030 ****61.25

DOCUMENT # N50252 1. Entity Name SAINT AMBROSE EPISCOPAL CHURCH, INC.					
Principal Place of Business 2250 S.W. 31 AVE. FT. LAUDERDALE, FL				Mailing Address 2250 S.W. 31 AVE. FT. LAUDERDALE, FL	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6019046	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEOPLES, DAVID B THE REV 5523 NW 53 CIRCLE COCONUT CREEK, FL 33073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARDNER, MEREDITH		NAME	Newsom, Sandra	
STREET ADDRESS	2520 SW 34 AVENUE		STREET ADDRESS	112 Lake Emerald Dr., #204	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARMAN, THOMAS		NAME	Evans, William	
STREET ADDRESS	3788 S.W. 19 STREET		STREET ADDRESS	141 NE 56 Court	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP	Fort Lauderdale, FL 33334	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MALSBURY, MARY LOU		NAME	O'Toole, Lynda	
STREET ADDRESS	2991 S.W. 21 COURT		STREET ADDRESS	705 SW 8 Terrace	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP	Fort Lauderdale, FL 33315	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUDSON, ANDREW		NAME	Steiner, John	
STREET ADDRESS	4441 SW 22 STREET		STREET ADDRESS	2407 Sugarloaf Lane	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317		CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EVANS, ELLIE		NAME	Brown, Jennifer	
STREET ADDRESS	141 NE 56 COURT		STREET ADDRESS	P.O. Box 8323	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP	Pembroke Pines, FL 33084	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CHRISTOPHER		NAME		
STREET ADDRESS	3609 S.W. 23 STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			February 2, 2006 954-583-0603 <small>Date Daytime Phone #</small>		