

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90027 039 ****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**

40012886



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6019046

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEOPLES, DAVID B THE REV
5523 NW 53 CIRCLE
COCONUT CREEK, FL 33073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☐ Delete
NAME **NEWSOM, SANDRA**
STREET ADDRESS **112 LK EMERALD DR, # 204**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE **D** ☐ Change ☒ Addition
NAME **Behrens, Sandra**
STREET ADDRESS **5410 Polk Street**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **D** ☐ Delete
NAME **HARMAN, THOMAS**
STREET ADDRESS **3788 S.W. 19 STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **D** ☐ Change ☒ Addition
NAME **Cotnoir, Doris**
STREET ADDRESS **1930 NE 2 Ave, Apt. L-103**
CITY-ST-ZIP **Wilton Manors, FL 33305**

TITLE **D** ☒ Delete
NAME **MALSBURY, MARY LOU**
STREET ADDRESS **2991 S.W. 21 COURT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **D** ☐ Change ☒ Addition
NAME **Madeira, Paul**
STREET ADDRESS **3461 Jackson Blvd.**
CITY-ST-ZIP **Ft Lauderdale, FL 33312**

TITLE **D** ☐ Delete
NAME **HUDSON, ANDREW**
STREET ADDRESS **4441 SW 22 STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33317**

TITLE **D** ☐ Change ☒ Addition
NAME **Rogers, Wayne**
STREET ADDRESS **12 NE 19 Court, Apt. A-111**
CITY-ST-ZIP **Wilton Manors, FL 33305**

TITLE **D** ☐ Delete
NAME **BROWN, JENNIFER**
STREET ADDRESS **POB 8323**
CITY-ST-ZIP **PEMBROKE PINES, FL 3308400**

TITLE **D** ☐ Change ☒ Addition
NAME **Evans, William**
STREET ADDRESS **141 NE 56 Court**
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE **D** ☒ Delete
NAME **WILLIAMS, CHRISTOPHER**
STREET ADDRESS **3609 S.W. 23 STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Doris E. Cotnoir* **DORIS E. COTNOIR** **January 31, 2007** **954-583-0603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #