

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001670

FILED  
Mar 28, 2008  
Secretary of State

**Entity Name:** EMBASSIES OF GOD INTERNATIONAL, INC.

**Current Principal Place of Business:**

2050 IRLO BRONSON HWY 192 E.  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 772707  
ORLANDO, FL 32877 US

**New Mailing Address:**

**FEI Number:** 59-3382473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOEL, SIMONE  
2050 IRLO BRONSON HWY 192 E.  
KISSIMMEE, FL 34744 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: D ( ) Delete  
Name: NOEL, SIMONE  
Address: 3193 RIVER BRANCH CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: FESTARINI, NANCY  
Address: 3193 RIVER BRANCH CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D ( ) Delete  
Name: FESTARINI, FREDERICK  
Address: 3193 RIVER BRANCH CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SIMONE NOEL

PRES

03/28/2008

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

\_\_\_\_\_  
Date