

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000004127

1. Entity Name
AMBASSADORS OF FAITH IN CHRIST, FOR CHRIST
CHURCH, INC.



Principal Place of Business
4989 SW 8TH CT.
POMPANO BEACH, FL 33068

Mailing Address
1700 NW 2ND TERRACE
POMPANO BEACH, FL 33060 US

DO NOT WRITE IN THIS SPACE

FILED
Apr 12, 2006 08:00 AM
Secretary of State

02122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 31-1474251	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSEY, JAMES L
1700 NW 2ND TERRACE
POMPANO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
MASSEY, JAMES L
1700 NW 2 TERRACE
POMPANO BEACH, FL

000000505730
04/26/06-80128-023 70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
FELDER, DON
4824 NW 9TH STREET
PLANTATION, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
SMITH, WINNIE V
4989 SW 8TH CT
MARGATE, FL 33088

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

James L. Massey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/06 954 968-1599
Daytime Phone #