


1/26/04  
**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

2/9/04 FILED  
 Feb 11 2004 08:00 AM  
 Secretary of State  
 R. Moore

**DOCUMENT # N99000001855**  
 1. Entity Name  
**EMBASSY CHURCH INC.**



Principal Place of Business Mailing Address  
 17005 NW 38TH COURT 17005 NW 38TH COURT  
 MIAMI FL 33055 MIAMI FL 33055

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **65-0909287** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**SUE, NEVILLE REV.**  
 17005 NW 38TH COURT  
 MIAMI FL 33055

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

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	<input type="checkbox"/> Delete
NAME	SUE, NEVILLE REV.	
STREET ADDRESS	17005 NW 38TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUE, SHARON	
STREET ADDRESS	17005 NW 38TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPELAND, CEDRICK LLOYD	
STREET ADDRESS	1840 NE 167TH STREET #1	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

U00000045102  
 02/11/04-90050-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Staville Seel 2/9/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #