


**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 015 ****61.25

DOCUMENT # *N99000001855*

1. Entity Name
EMBASSY CHURCH INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
4732 N. W. 167 ST

3. Mailing Address
17005 N. W. 38 CT

Suite, Apt., etc.
MIAMI GARDENS

Suite, Apt., etc.
MIAMI FLORIDA

City & State
FLORIDA

City & State
FLORIDA

Zip
33014

Country
DADE

Zip
33055

Country
DADE

40012478



CR2E034B (5/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0909287

Applied For
 Not Applicable

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

7. Name and Address of Current 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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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	<i>D</i> <i>SUE NEVILLE REV</i> <i>17005 N. W. 38 CT</i> <i>MIAMI, FL 33055</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <i>SUE SHARON</i> <i>17005 N. W. 38 CT</i> <i>MIAMI, FL 33055</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> <i>Copland, Cedric Lloyd</i> <i>3234 N. W. 204 TERR.</i> <i>OPALAEKA, FL 33056</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other persons empowered.

SIGNATURE: *Sue Neville* *Sue Sharon* *Cedric Lloyd* *1/23/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____