

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003904

FILED
Jun 18, 2009
Secretary of State

Entity Name: THE KING'S AMBASSADORS, INC

Current Principal Place of Business:

613 TOWNEHOUSE LANE
RICHARDSON, TX 75081

New Principal Place of Business:

Current Mailing Address:

491 GRANDVIEW AVE
ORMOND BEACH, FL 321767103

New Mailing Address:

5656 ISABELLE AVE
SUITE #C
ORMOND BEACH, FL 32127

FEI Number: 75-2284436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEARNE, SHEILA J
491 GRANDVIEW AVE
ORMOND BEACH, FL 321767103 US

Name and Address of New Registered Agent:

HEARNE, SHEILA J
110 MITCHELLE PLACE
PORT ORANGE, FL 32127 US

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: SHEILA J HEARNE

06/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEARNE, CLARENCE L
Address: 491 GRANDVIEW AVE
City-St-Zip: ORMOND BEACH, FL 321767103

Title: DVP () Delete
Name: HEARNE, CLARENCE L
Address: 491 GRANDVIEW AVE
City-St-Zip: ORMOND BEACH, FL 321767103

Title: S () Delete
Name: CAMERON, KRYSTLE L
Address: 5555 SPRING VALLEY RD SUITE 2129
City-St-Zip: ORMOND BEACH, FL 321767103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HEARNE, CLARENCE L
Address: 5656 ISABELLE SUITE 3C
City-St-Zip: PORT ORANGE, FL 32127

Title: DVP (X) Change () Addition
Name: HEARNE, CLARENCE L
Address: 5656 ISABELLE SUITE 3C
City-St-Zip: PORT ORANGE, FL 32127

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: CLARENCE L HEARNE

DP

06/18/2009

Electronic Signature of Signing Officer or Director

Date