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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752110 (7)  
1. Corporation Name  
AMBASSADORS FOR CHRIST NATIONAL MINISTRIES, INC.



Principal Place of Business Mailing Address  
219 SHEFFORD STREET P.O. BOX 17157 (ZIP-29606) GREER, SC. 29650  
219 SHEFFORD STREET P.O. BOX 17157 (ZIP-29606) GREER, SC. 29650-2735

3. Date Incorporated or Qualified 04/21/1980 3a. Date of Last Report 04/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For  
21 26 59-2001614 Not Applicable  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27 \$8.75 Additional Fee Required  
City & State City & State 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
23 28 \$5.00 May Be Added to Fees  
Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, HENRY CLINTON  
2341 BARLAD DR  
JACKSONVILLE FL 32210

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, RONALD R.	1.2 NAME	
STREET ADDRESS	219 SHEFFORD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREER, SC.	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, NANCY LEE	2.2 NAME	
STREET ADDRESS	219 SHEFFORD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREER, SC.	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, HENRY CLINTON	3.2 NAME	ANDREWS, HENRY CLINTON
STREET ADDRESS	2341 B ARLAD DR.	3.3 STREET ADDRESS	2341 BARLAD DR.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAVENER, MAC D., JR.	4.2 NAME	Heavener, Mac D., Jr.
STREET ADDRESS	5446 RIVER TRAIL RD, N.	4.3 STREET ADDRESS	5446 River Trail Rd, N.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DAT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, JON, M	5.2 NAME	Reilly, Jon, M.
STREET ADDRESS	219 SHEFFORD ST	5.3 STREET ADDRESS	10208 Apt. M, Plum Creek Lane
CITY-ST-ZIP	GREER SC	5.4 CITY-ST-ZIP	Charlotte, NC 28210
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, RONALD R., JR.	6.2 NAME	Reilly, Ronald R., Jr.
STREET ADDRESS	219 SHEFFORD STREET	6.3 STREET ADDRESS	2924 Meadowood Dr.
CITY-ST-ZIP	GREER, SC.	6.4 CITY-ST-ZIP	Kennesaw, GA 30152

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald R. Reilly* 1-30-97 264-292-313

CR2E037 (9/96)