

2003 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # **752110**

1. Entity Name
**AMBASSADORS FOR CHRIST NATIONAL MINIS-
 TRIES, INC.**

Principal Place of Business Mailing Address
3201 LENOX RD. #34 ATLANTA, GA 30324 **3201 LENOX RD. #34 ATLANTA, GA 30324**

FILED

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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

2. Principal Place of Business 3. Mailing Address
3201 LENOX RD. #34 ATLANTA, GA 30324 **3201 LENOX RD. #34 ATLANTA, GA 30324**

Suite, Apt. #, etc. **#34** Suite, Apt. #, etc. **#34**

City & State **ATLANTA, GA** City & State **ATLANTA, GA**

Zip **30324** Country **USA** Zip **30324** Country **USA**

4. FEI Number **392-001-614** Applied For Not Applicable

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

99-00 UBR

6. Name and Address of Current Registered Agent
CLINT ANDREWS
3341 BARLAD
JACKSONVILLE, FL 32210

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when retitling) DATE _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRESIDENT	NAME RONALD R. REILLY	TITLE	NAME
STREET ADDRESS 3201 LENOX RD. #34	CITY-ST-ZIP ATLANTA, GA 30324	STREET ADDRESS	CITY-ST-ZIP
TITLE VICE PRESIDENT / O	NAME NANCY L. REILLY	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS 3201 LENOX RD. #34	CITY-ST-ZIP ATLANTA, GA 30324	STREET ADDRESS	CITY-ST-ZIP
TITLE 510	NAME RONALD R. REILLY JR. / D	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS 1159 COCKEILL DR. W.	CITY-ST-ZIP KENNESAW, GA 30152	STREET ADDRESS	CITY-ST-ZIP
TITLE 710	NAME JON MICHAEL REILLY	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS 6955 64th POPLAR HILLS LANE	CITY-ST-ZIP CHARLOTTE, NC 28266	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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 07/25/09 01043 824
 *****51.25 *****51.25

5/8/00 90217/037 \$70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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 filers empowered.

SIGNATURE: **Ronald R. Reilly** **4-25-00** **404-541-0841**
 DATE DAYTIME PHONE #

CR07037 (9/02)