I hereby 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 all other like empowered.

SIGNATURE: RON REILLY
-----------------------

PRESIDENT

03/29/2013

Date

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	PD	Title	VPD
Name	REILLY, RONALD R.	Name	REILLY, NANCY L
Address	2870 PHARR COURT S.#710	Address	2870 PHARR COURT S.# 710
City-State-Zip:	ATLANTA GA 30305	City-State-Zip:	ATLANTA GA 30324
Title	SD	Title	т
Name	REILLY, RONALD RJR	Name	REILLY, JON M
Address	1159 COCKRELL DR. W.	Address	320 EAST PACES FERRY #503
City-State-Zip:	KENNESAW AL 30152	City-State-Zip:	ATLANTA GA 30305

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.

**Current Principal Place of Business:** 

**Current Mailing Address:** P.O.BOX 52512 ATLANTA, GA 30355

DOCUMENT# 752110

2870 PHARR COURT RD S.

ATLANTA, GA 30305

#710

## FEI Number: 59-2001614

Name and Address of Current Registered Agent:

ANDREWS, H.CLINT 2341 BARLAD JACKSONVILLE, FL 32210 US

Entity Name: AMBASSADORS FOR CHRIST NATIONAL MINISTRIES, INC.

## FILED Mar 29, 2013 Secretary of State CC7843638025

Certificate of Status Desired: No

Date