

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000053

Entity Name: UNITED AMBASSADORS IN CHRIST MINISTRIES, INC.**Current Principal Place of Business:**6110 POWERS AVE
SUITE 12
JACKSONVILLE, FL 32217**Current Mailing Address:**6110 POWERS AVE
SUITE 12
JACKSONVILLE, FL 32217 US**FEI Number:** 26-3721445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOBUNG, ROBERT L
6110 POWERS AVE
SUITE 12
JACKSONVILLE, FL 32217 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:** ROBERT L LOBUNG

04/08/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name LAKO, EZBON PASTOR
Address 6110 POWERS AVE
SUITE 12
City-State-Zip: JACKSONVILLE FL 32217

Title T
Name LAM, SUZY
Address 6110 POWERS AVE
SUITE 12
City-State-Zip: JACKSONVILLE FL 32217

Title E
Name LAKO, EZBON
Address 7147 OLD KINGS ROAD SOUTH, APT
110
City-State-Zip: JACKSONVILLE FL 32217

Title ASST.
Name KWAJOK, PANTIN SR.
Address 6110 POWERS AVE
SUITE 12
City-State-Zip: JACKSONVILLE FL 32217

Title E
Name KWAJOK, PANTIN
Address 7147 OLD KINGS ROAD SOUTH, APT
110
City-State-Zip: JACKSONVILLE FL 32217

Title E
Name ROMBE, CATHERINE
Address 6110 POWERS AVE
SUITE 12
City-State-Zip: JACKSONVILLE FL 32217

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: EZBON LAKO

PRESIDENT

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date