

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

04-09-2004 90028 041 ****70.00

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1. Entity Name

JESUS CHRIST'S AMBASSADORS CHURCH, INC.



Principal Place of Business

1550 N. FEDERAL HWY
13
BOYNTON BEACH, FL 33435

Mailing Address

585 ANGLAIR DR
DELRAY BCH, FL 33445

04032004



04032004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1081599

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~EMILCARE, SOUVENIR-REV~~
585 ANGLAIR DR
DELRAY BCH, FL 33445

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMILCAR, SOUVENIR 585 ANGLER DR. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DACHOUTE, MARIE JOSEE 2288 SE 4TH STREET BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPH, LISETTE 409 SW 7TH AVENUE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVENIR, JACQUES 117 SW 4TH STREET DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENIN, JOSEPH 1520 CONGRESS AVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Destinvil, Monive 6225 Country Fair Cir Boynton Beach, FL 33437

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IN THIS SPACE**

12. I 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 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 617, 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 like empowered.

SIGNATURE:

Joseph Genin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-04

Date

Daytime Phone #