

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90210 008 ****75.00

DOCUMENT # N00000008352

1. Entity Name

JESUS CHRIST'S AMBASSADORS CHURCH, INC.



Principal Place of Business

**1550 N. FEDERAL HWY
#9
BOYNTON BEACH FL 33435**

Mailing Address

**585 ANGLAIR DR
DELRAY BCH FL 33445**

2. Principal Place of Business

1550 N. FEDERAL HWY

3. Mailing Address

585 ANGLER DR

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

DELRAY BEACH, FLORIDA

4. FEI Number **65-1081599**

Applied For

Not Applicable

Zip
33435

Country
USA

Zip
33445

Country
USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMILCARE, SOUVENIR REV
585 ANGLAIR DR
DELRAY BCH FL 33445**

Name **EMILCAR, SOUVENIR REV**

Street Address (P.O. Box Number is Not Acceptable)
585 ANGLER DR

City **DELRAY BEACH, FL** Zip Code **33445**

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

Souvenir Emilecar

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMILCAR, SOUVENIR 585 ANGLER DR. DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARISTIL, ESTANIEL 105 S. ATLANTIC DR. WEST BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LOUIS, JEAN RICAR 232 NORHT D ST. LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, BERNABE 2216 NE 3RD STREET BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENIN, JOSEPH 1520 CONGRESS AVE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DACHOUTE, MARIE JOSEE 2288 SE 4TH STREET BOYNTON BEACH, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPH, LISETTE 409 SW 7TH AVENUE BOYNTON BEACH, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVENIR, JACQUES 117 SW 4TH STREET DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

Souvenir Emilecar

CR2E037 (10/02)