

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

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90156 010 ***61.25

DOCUMENT # N02000008232

1. Entity Name
AMBASSADOR REV CHIEF DVINE MINISTRY OUTREACH, I NC.



Principal Place of Business Mailing Address

**4203 SPAFFORD AVENUE
WEST PALM BEACH FL 33409** **4203 SPAFFORD AVENUE
WEST PALM BEACH FL 33409**

2. Principal Place of Business 3. Mailing Address

5712 Candlewood Street **5712 Candlewood Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

West Palm Beach FL. **West Palm Beach FL.**

Zip Country Zip Country

33407 **U.S.A** **33407** **U.S.A**

4. FEI Number Applied For

55-0788273 Not Applicable

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

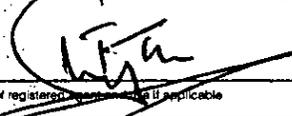
6. Name and Address of Current Registered Agent

**UZUMEFUNE, CHIEF TT
4203 SPAFFORD AVENUE
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

BISHOP CHIEF T UZUMEFUNE
Street Address (P.O. Box Number is Not Acceptable)
5712 Candlewood Street
West Palm Beach FL Zip Code **33407**

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:  DATE: _____

Signature, typed or printed name of registered agent, or both, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	UZUMEFUNE, CHIEF TT REV.	
STREET ADDRESS	4203 SPAFFORD AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BRANDON, PHYLLIS REV.	
STREET ADDRESS	4203 SPAFFORD AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRISIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UZUMEFUNE, CHIEF TT BISHOP	
STREET ADDRESS	5712 Candlewood Street	
CITY-ST-ZIP	West Palm Beach, Florida 33407	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mae Clark	
STREET ADDRESS	793 53rd Street	
CITY-ST-ZIP	West Palm Beach FL 33407	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anika Byrd	
STREET ADDRESS	5500 N. Flagler Dr. Apt. 7	
CITY-ST-ZIP	West Palm Beach FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (4/03)