## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009009

**Current Principal Place of Business:** 

Entity Name: AMBASSADORS MINISTRIES INTERNATIONAL, INC.

New Principal Place of Business:

FILED Aug 03, 2004

Secretary of State

400 W. CHURCH ST. PO BOX 954086

ORLANDO, FL 32801 LAKE MARY, FL 32795

Current Mailing Address: New Mailing Address:

400 W. CHURCH ST. PO BOX 954086

ORLANDO, FL 32801 LAKE MARY, FL 32795

FEI Number: 54-2069806 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KURT, BREWER F P.A.KURT, BREWER F ESQ.400 W. CHURCH ST.400 W. CHURCH ST.ORLANDO, FL 32801ORLANDO, FL 32801

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: KURT FORREST BREWER, ESQ. 08/03/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D ( ) Delete Title: D,P (X) Change ( ) Addition

 Name:
 GRIEGER, MARKUS
 Name:
 GRIEGER, MARKUS

 Address:
 400 WEST CHURCH ST.
 Address:
 PO BOX 954086

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 LAKE MARY, FL 32795

 Name:
 GRIEGER, ANNE
 Name:
 GRIEGER, ANNE

 Address:
 400 WEST CHURCH ST.
 Address:
 PO BOX 954086

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 LAKE MARY, FL 32795

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WU, DANIEL
 Name:
 WU, DANIEL

 Address:
 400 W. CHURCH ST.
 Address:
 PO BOX 954086

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 LAKE MARY, FL 32795

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 MILLER, GRACIELA

 Address:
 Address:
 PO BOX 954086

 City-St-Zip:
 City-St-Zip:
 LAKE MARY, FL 32795

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GRACIELA MILLER S 08/03/2004