

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90036 018 ****70.00

DOCUMENT # N93000005549

1. Entity Name

AMBASSADORS FOR CHRIST, PRAISE MINISTRIES, INC.

Principal Place of Business

2750 W. WASHINGTON ST.
 ORLANDO FL 32805
 US

Mailing Address

6699 HAWKSMOOR DRIVE
 ORLANDO FL 32818
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3213906

Applied For

Not Applicable

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

LEONARD, JOSH JR
6699 HAWKSMOOR DR.
ORLANDO FL 32818

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, JOSH JR	
STREET ADDRESS	6699 HAWKSMOOR DR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, LILLIE M	
STREET ADDRESS	6699 HAWKSMOOR DR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, KELVIN	
STREET ADDRESS	6699 HAWKSMOOR DR.	
CITY-ST-ZIP	ORLANDO FL 32818	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Lillie M Leonard* **LILLIE M. LEONARD** 3-15-02-407-8804361
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)