


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005549</b>					
1. Entity Name <b>AMBASSADORS FOR CHRIST, PRAISE MINISTRIES, INC.</b>					
Principal Place of Business <b>2750 W. WASHINGTON ST. ORLANDO FL 32805 US</b>			Mailing Address <b>6699 HAWKSMOOR DRIVE ORLANDO FL 32818 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>59-3213906</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEONARD, JOSH JR 6699 HAWKSMOOR DR. ORLANDO FL 32818</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEONARD, JOSH JR</b>		NAME	U00000049673 02/13/04-80052-021 70.00	
STREET ADDRESS	<b>6699 HAWKSMOOR DR.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ORLANDO FL 32818</b>		CITY - ST - ZIP		
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEONARD, LILLIE M</b>		NAME		
STREET ADDRESS	<b>6699 HAWKSMOOR DR.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ORLANDO FL 32818</b>		CITY - ST - ZIP		
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEONARD, KELVIN</b>		NAME		
STREET ADDRESS	<b>6699 HAWKSMOOR DR.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ORLANDO FL 32818</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



MOORE CR2E037 (11/03)

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* **2-10-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #