


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N93000005549</b><br>1. Entity Name<br><b>AMBASSADORS FOR CHRIST, PRAISE MINISTRIES, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>2750 W. WASHINGTON ST.<br/>ORLANDO FL 32805<br/>US</b> | Mailing Address<br><b>6699 HAWKSMOOR DRIVE<br/>ORLANDO FL 32818<br/>US</b> |
|--|--|



1st MOORE      CR2E037 (10/04)

|                                |                     |     |
|--------------------------------|---------------------|-----|
| 2. Principal Place of Business | 3. Mailing Address  |     |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |     |
| City & State                   | City & State        |     |
| Zip                            | Country             | Zip |

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>59-3213906</b> | Applied For<br><input type="checkbox"/> Not Applied |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>LEONARD, JOSH JR<br/>6699 HAWKSMOOR DR.<br/>ORLANDO FL 32818</b> |
|--|

|   |
|---|
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.

|                 |  |            |
|-----------------|--|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

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

| 10. OFFICERS AND DIRECTORS |                       | <input type="checkbox"/> Delete |
|----------------------------|-----------------------|---------------------------------|
| TITLE                      | D<br>LEONARD, JOSH JR | <input type="checkbox"/>        |
| NAME                       | LEONARD, JOSH JR      |                                 |
| STREET ADDRESS             | 6699 HAWKSMOOR DR.    |                                 |
| CITY - ST - ZIP            | ORLANDO FL 32818      |                                 |
| TITLE                      | D                     | <input type="checkbox"/>        |
| NAME                       | LEONARD, LILLIE M     |                                 |
| STREET ADDRESS             | 6699 HAWKSMOOR DR.    |                                 |
| CITY - ST - ZIP            | ORLANDO FL 32818      |                                 |
| TITLE                      | D                     | <input type="checkbox"/>        |
| NAME                       | LEONARD, KELVIN       |                                 |
| STREET ADDRESS             | 6699 HAWKSMOOR DR.    |                                 |
| CITY - ST - ZIP            | ORLANDO FL 32818      |                                 |
| TITLE                      |                       | <input type="checkbox"/>        |
| NAME                       |                       |                                 |
| STREET ADDRESS             |                       |                                 |
| CITY - ST - ZIP            |                       |                                 |
| TITLE                      |                       | <input type="checkbox"/>        |
| NAME                       |                       |                                 |
| STREET ADDRESS             |                       |                                 |
| CITY - ST - ZIP            |                       |                                 |
| TITLE                      |                       | <input type="checkbox"/>        |
| NAME                       |                       |                                 |
| STREET ADDRESS             |                       |                                 |
| CITY - ST - ZIP            |                       |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |         | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---------|---------------------------------|-----------------------------------|
| TITLE   | [Blank] | <input type="checkbox"/>        | <input type="checkbox"/>          |
| NAME  |         |                                 |                                   |
| STREET ADDRESS  |         |                                 |                                   |
| CITY - ST - ZIP                                       |         |                                 |                                   |
| TITLE   |         | <input type="checkbox"/>        | <input type="checkbox"/>          |
| NAME  |         |                                 |                                   |
| STREET ADDRESS  |         |                                 |                                   |
| CITY - ST - ZIP                                       |         |                                 |                                   |
| TITLE   |         | <input type="checkbox"/>        | <input type="checkbox"/>          |
| NAME  |         |                                 |                                   |
| STREET ADDRESS  |         |                                 |                                   |
| CITY - ST - ZIP                                       |         |                                 |                                   |
| TITLE   |         | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 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: <u>Lillie M. Leonard</u>                                | 1-24-05 407-880-436       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date      Daytime Phone # |