FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT

N9400000265 (8)

AMBASSADORS FOR CHRIST (LIFE MINISTRIES) INCORPO

Principal Place of Business Mailing Address							\dashv) (BORRADA BIO ABART DARIA BORRA BORRA BORRA BORRA BORRA DARAN BARDA BARDA BARDA BARDA BARDA BARDA BARDA BARDA	
2140 NW 107TH ST				2140 NW 107TH ST				-	3. Date incorporated or Qualified
MIAM FL 33167			MIA Us	MIAMI FL 33167					01/19/1994
US			US.	US					4. FEI Number Applied For
									65-0469698 Not Applicable
2. Principal Place of Business				2a. Mailing Address					5. Certificate of Status Desired S8.75 Additional
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					Fee Required
22				27				[]	6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
City & State				City & State				<u> </u>	7. Is this nonprofit corporation a homeowners association?
23				28					☐ Yes ☐ HO
Zlp	Zlp Country			Zip Count			/	_ [8. This corporation owes or has paid the current year Intangible
24	25		29 30					Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
ŀ						81	Name		
HUDSON, RHUBEN							Street A	ddress	(P.O. Box Number is Not Acceptable)
1855 NORTYHWEST 157TH STREET MIAMI FL 33054				83					
i intervention	L 00004					84	City		85 Zip Code
						07	City		FL FL FL FL FL FL FL FL
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab- office or registered agent, or both, in the State of Florida. Such change was authorized							e-named c	orporat	tion submits this statement for the purpose of changing its registered
office of registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statules.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req								equired wt	
12.		OFFICERS A	ND DIREC		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELETE	1.1 Ti	TLE			Change Addition
NAME	HUDSON,	RHUBEN			1.2 N	AME			
STREET ADDRESS 1855 NW 157TH ST			1.3 STREET ADDR			ADDRESS			
CITY-ST-ZIP	MIAMI FL				1.4 0	ITY - S	T-ZIP		
TITLE	D			☐ DELETE	21 TI	TLE	- 1		Change Addition
NAME	WATKINS,	JOHNNIE MAE			2.2 N	AME			
STREET ADDRESS	2140 NW	107TH ST			2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL				2.40	HTY-S	ST-ZIP		
TITLE	D			DELETE	3.1 Ti	TLE			☐ Change ☐ Addition
NAME	TUCKER, ELIZABETH			3.2 N			ŀ		
STREET ADDRESS	2860 NW				3.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL				3.4. (HY-S	ST-ZIP		
INTLE				DELETE	4.1 Ti	TLE	-		Change Addition
NAME					4.2	IAME			
STREET ADDRESS					4.3 S	TREET	ADDRESS		
CITY-ST-ZIP					4.4 C	ITY-S	T-ZIP		
TITLE				☐ DELETE	5.1 TI	TLE			☐ Change ☐ Addition
NAME					5.2 N	AME			
STREET ADDRESS					5.3 S	TREET	ADDRESS		
CITY-ST-ZIP					5.4 C	ITY-S	ST-ZIP		
TITLE				DELETE	6.1 TI				Change Addition
NAME				•	6.2 N	AME	ł		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed for on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

4-6-98 (305) 688-0196

FILED

Apr 27 1998 8:00am

Secretary of State

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