

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

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90036 001 ****61.25

DOCUMENT # N94000000265

1. Entity Name

**AMBASSADORS FOR CHRIST (LIFE MINISTRIES)
INCORPORATED**



Principal Place of Business

2140 NW 107TH ST
MIAMI FL 33167
US

Mailing Address

2140 NW 107TH ST
MIAMI FL 33167
US

2. Principal Place of Business

3. Mailing Address

1855 N.W. 157 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OPA-LOCKA FL,

Zip

Country

Zip

Country

33054

US

4. FEI Number

65-0469698

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

HUDSON, RHUBEN
1855 NORTHWEST 157TH STREET
MIAMI FL 33054

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rhuben Hudson

2-4-04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUDSON, RHUBEN
STREET ADDRESS 1855 NW 157TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME WATKINS, JOHNNIE MAE
STREET ADDRESS 2140 NW 107TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME TUCKER, ELIZABETH
STREET ADDRESS 2860 NW 185TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Rhuben Hudson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-4-04

Daytime Phone #