

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005522

1. Entity Name

CHRIST'S AMBASSADORS MINISTRIES, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90135 013 ****61.25

Principal Place of Business

5071 WILLOW POND RD W
WEST PALM BEACH FL 33417-8135

Mailing Address

P.O. BOX 19351
WEST PALM BEACH FL 33416-9351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0730665

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

Name

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

City

FL

Zip Code

BANKSTON ADAMS, DOROTHY A
5071 WILLOW POND RD W
WEST PALM BEACH FL 33417-8135

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
BANKSTON ADAMS, DOROTHY A
5071 WILLOW POND RD WEST
WEST PALM BEACH FL 33417-8135

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
ADAMS, RAYMOND T
5071 WILLOW POND RD WEST
WEST PALM BEACH FL 33417-8135

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICHOLAS, CARMEN A PH.D
6181 A PINE TREE LANE
TAMARAC FL 33319

☐ Delete

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

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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:

Dorothy A. Bankston Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/01

Date Daytime Phone #

CR2E037 (10/00)