

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90093 025 ****61.25

DOCUMENT # N94000005522

1. Entity Name
CHRIST'S AMBASSADORS MINISTRIES, INC.



Principal Place of Business
**5071 WILLOW POND RD W
WEST PALM BEACH FL 33417-8135
US**

Mailing Address
**P.O. BOX 220771
WEST PALM BEACH FL 33422-0771
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0730665**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature] **Dorothy Banks Adams** 4/21/03 561-620-0109

CR2E037 (10/02)