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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N95000001416 (5)

AMBASSADOR OF JESUS CHRIST MINISTERIAL FELLOWSHI

FILED
Mar 03 1998 8:00am
Secretary of State

P, INC	i.						1						
Principal Place of Business Mailing Address									DI ULU HAIQI ALIII A			OOLUI IKUIL OKO	U HEID EN HOOL .
1231 N.W. 60TH AVENUE 1231 N.W. 60TH AVENUE							F	9 Data Inco	rporated or Qu	unlified			
SUNRISE FL 33313 SUNRISE FL 33313									4/1995	Jailleu			
							-	4. FEI Numb					Applied For
								65-0	571276			}	Not Applicable
	Place of Business	······································	2e. 1	2a. Mailing Address			1		of Status Des	ired	X		Additional
21		28									Fee	Required	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			- 1		ampaign Fina				May Be		
I City & Stat	le	City & State					d Contribution profit corpora				to Fees		
23		28				7. IS UNIS FROM	iprofit corpora		Yes	No	HOIT		
Zip	Zip Country				Countr	Country		8. This corpo	oration owes o	r has pa	id the c	urrent year	Intangible
24	25		29 30		30		Personal Property Tax due June 3			30.			
ļ	9. Name and A	Address of Current				10. Name and	d Address of	New Re	gistere	d Agent			
					81	Name	•						
LAGUERRE, JEAN W						Street	Address	s (P.O. Box Nu	ımber is Not A	cceptat	ole)		
1231 N.W. 60TH AVENUE													
SUNRISE FL 33313					63	1							
					84	City	, ,				FI	95 Zi	p Code
11. Pursuant	to the provisions of	1 Sections 617 0502	and 617	1508 Florida Statut	les the above	e-named	d corpore	ation submits t	his statement	for the r			lte registered
office or I	registered agent, o	both, in the State of	florida	.1508, Florida Statut Such change was a Section 617.0503, Flo	authorized b	y the cor	rporation	's board of dir	ectors. I heret	oy accer	ot the ap	pointment a	as registered
	am ramiliar with, and	o accept the obligat	ions oi, a	Section 617.0503, Fit	orida Statute	15.							
SIGNATURE	Signature, typed or printe	ed name of registered agent	and tille if i	applicable. (NOT	E: Registered Ag	ent signature	re required w	when reinstating)			DATE		
12.	OFFICERS AND DI			DIRECTORS 13.					CHANGES T	O OFFIC	ERS AN	ID DIRECTO	DRS IN 12
TITLE	PD		☐ DELETE		1.1 TITLE	B 1						Change	Addition
NAME					1.2 NAME			doine					
	STREET ADDRESS 1231 N.W. 60TH AVENUE		1		1.3 STREE			1231 N.W. 60th Avenue					
CITY-ST-ZIP			T DELETE					nrise,	FL 3	3313	3	[] ob	
TITLE	TD		☐ DELETE		2.1 TITLE							Change	e 🔲 Addition
NAME			1			2.2 NAME 2.3 STREET ADDRESS							
	STREET ADDRESS 1231 N.W. 60TH AVENUE SUNRISE FL 33313												
TITLE			Z DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE						Change	Addition
NAME	LOUIS, CLEMENT					3.2 NAME							
STREET ADDRESS	1					3.3 STREET ADDRESS							
CITY-ST-ZIP	LAUDERDALE LAKES FL					3.4. CITY-ST-ZIP							
TITLE	SD		·	DELETE	4.1 TITLE		1					☐ Change	Addition
NAME	BLANC, ARIANE				4. 2 NAME	4. 2 NAME							
STREET ADDRESS	ESS 503 N.E. 16TH STREET				4.3 STREE	4.3 STREET ADDRESS							
CITY-ST-ZIP	FORT LAUDE	RDALE FL 33311			4.4 City-	ST-ZIP	<u> </u>						
TITLE	VO			☐ DELETE	5.1 TITLE							Change	Addition
NAME				5.2		AME							
STREET ADDRESS				5.3 STREET A									
CITY-ST-ZIP													
TITLE	VP			X DELETE	6.1 TITLE							☐ Change	Addition
NAME	BLANC, ALBE				6.2 NAME								
STREET ADDRESS	503 N.E. 16TI	h street			6.3 STREE	T ADDRESS	1						

14. 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 annual report or suppliemental 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, or on an attachment with an address.

SIGNATURE:

W. Lodewick

12-23-98 1583,4580

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