

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0046593

DOCUMENT # N95000001416

1. Entity Name

AMBASSADOR OF JESUS CHRIST MINISTERIAL FELLOWSHI

03-21-2001 90007 002 ****70.00

Principal Place of Business

Mailing Address

1231 N.W. 60TH AVENUE
 SUNRISE FL 33313

1231 N.W. 60TH AVENUE
 SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0571276

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

LAGUERRE, JEAN W
1231 N.W. 60TH AVENUE
SUNRISE FL 33313

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.

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 PD ☐ Delete
 NAME LAGUERRE, JEAN W
 STREET ADDRESS 1231 N.W. 60TH AVENUE
 CITY-ST-ZIP SUNRISE FL 33313

TITLE Alliance Blanc ☐ Change ☒ Addition
 NAME SD
 STREET ADDRESS 503 NE 16th Street
 CITY-ST-ZIP Fort Lauderdale, FL 33311 ☐ Change ☐ Addition

TITLE TD ☐ Delete
 NAME LAGUERRE, MARIE A
 STREET ADDRESS 1231 N.W. 60TH AVENUE
 CITY-ST-ZIP SUNRISE FL 33313

TITLE Ariane B. Joseph ☐ Change ☒ Addition
 NAME SD
 STREET ADDRESS 503 NE 16 Street
 CITY-ST-ZIP Fort Lauderdale, FL 33311

TITLE SD ☐ Delete
 NAME DUMEL, JACE
 STREET ADDRESS 3430 N.W. 11TH STREET
 CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition
 NAME BLANC, ARIANE
 STREET ADDRESS 503 N.E. 16TH STREET
 CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE VD ☐ Delete
 NAME METAYER, RENE
 STREET ADDRESS 3230 N.W. 43RD AVENUE
 CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE ☐ Change ☐ Addition
 NAME EDMOND, LEDOINE
 STREET ADDRESS 1231 NW 60TH AVE
 CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Delete
 NAME EDMOND, LEDOINE
 STREET ADDRESS 1231 NW 60TH AVE
 CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Change ☐ Addition
 NAME EDMOND, LEDOINE
 STREET ADDRESS 1231 NW 60TH AVE
 CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Delete
 NAME EDMOND, LEDOINE
 STREET ADDRESS 1231 NW 60TH AVE
 CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Change ☐ Addition
 NAME EDMOND, LEDOINE
 STREET ADDRESS 1231 NW 60TH AVE
 CITY-ST-ZIP SUNRISE FL 33313

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E037 (10/00)