

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000001416**

1. Entity Name

**AMBASSADOR OF JESUS CHRIST MINISTERIAL FELLOWSHIP, INC.**

Principal Place of Business

**1231 N.W. 60TH AVENUE  
SUNRISE FL 33313**

Mailing Address

**1231 N.W. 60TH AVENUE  
SUNRISE FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0571276**

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

**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 **T** ☐ Change ☒ Addition  
NAME **Laguerre, Jean, II**  
STREET ADDRESS **1231 NW 60th Ave.**  
CITY-ST-ZIP **Sunrise, FL 33311**TITLE **TD** ☐ Delete  
NAME **LAGUERRE, MARIE A**  
STREET ADDRESS **1231 N.W. 60TH AVENUE**  
CITY-ST-ZIP **SUNRISE FL 33313**TITLE **T** ☐ Change ☒ Addition  
NAME **Laguerre, Daniel**  
STREET ADDRESS **1231 NW 60th Ave.**  
CITY-ST-ZIP **Sunrise, FL 33313**TITLE **SD** ☐ Delete  
NAME **DUMEL, JACE**  
STREET ADDRESS **3430 N.W. 11TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☒ Delete  
NAME **BLANC, ALLIANCE**  
STREET ADDRESS **503 N.E. 16TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **METAYER, RENE**  
STREET ADDRESS **3230 N.W. 43RD AVENUE**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **EDMOND, LEDOINE**  
STREET ADDRESS **1231 NW 60TH AVE**  
CITY-ST-ZIP **SUNRISE FL 33313**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: *Jean W. Laguerre* **SIGNATURE REQUIRED 3-21-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(954) 583-4580**

DO NOT WRITE IN THIS SPACE

0029818

CF2E037 (9/01)