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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002713

1. Corporation Name

AMBASSADORS FOR CHRIST EVANGELISTIC MINISTRIES, INC.

Principal Place of Business
2818 N.E. 54TH STREET
GAINESVILLE FL 32609

Mailing Address
P O BOX 5393
GAINESVILLE FL 32627
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/22/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3390542
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WHITE, ERNEST
2818 N.E. 54TH STREET
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WHITE, ERNEST	1.2 NAME	Karen Alford
STREET ADDRESS	2818 N.E. 54TH STREET	1.3 STREET ADDRESS	2941 NW 68th Ave
CITY-ST-ZIP	GAINESVILLE FL 32609	1.4 CITY-ST-ZIP	Gainesville, FL 32653
TITLE	ESD	2.1 TITLE	
NAME	DUNN-WHITE, PATRICIA A	2.2 NAME	Renee Rollins
STREET ADDRESS	2818 N.E. 54TH STREET	2.3 STREET ADDRESS	17027 NW 46th Ave
CITY-ST-ZIP	GAINESVILLE FL 32609	2.4 CITY-ST-ZIP	Newberry, FL 32669
TITLE	ACCD	3.1 TITLE	
NAME	ROLLINS, AARON	3.2 NAME	
STREET ADDRESS	17027 NW 46TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CAMPS, JOSEPH S	4.2 NAME	
STREET ADDRESS	7133 NE 26TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	THOMAS, JAMES	5.2 NAME	
STREET ADDRESS	6414 NE 27TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WILLIAMS-JORDAN, NAOMI	6.2 NAME	
STREET ADDRESS	1001 SE 19TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32642	6.4 CITY-ST-ZIP	

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 supplemental 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, with all other like empowered.

SIGNATURE:

E. SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)