

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 18, 2000 08:00 AM
Secretary of State

DOCUMENT # N96000002713

1. Entity Name

AMBASSADORS FOR CHRIST EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

Mailing Address

2818 N.E. 54TH STREET

P O BOX 5393

GAINESVILLE
32609

FL

GAINESVILLE
32627

US

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3390542

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE ERNEST
2818 N.E. 54TH STREET

GAINESVILLE
32609

FL

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.)

05/18/2000

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 D ☐ Delete
NAME WILLIAMS-JORDAN NAOMI
STREET ADDRESS 1001 SE 19TH ST
CITY-ST-ZIP GAINESVILLE FL 32642

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

TITLE D ☐ Delete
NAME THOMAS JAMES
STREET ADDRESS 6414 NE 27TH AVE
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE O ☐ Delete
NAME ROLLINS RENEE
STREET ADDRESS 17027 NW 46TH AVENUE
CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE ACCD ☐ Delete
NAME ROLLINS AARON
STREET ADDRESS 17027 NW 46TH AVENUE
CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE ESD ☐ Delete
NAME DUNN-WHITE PATRICIA A
STREET ADDRESS 2818 N.E. 54TH STREET
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE PD ☐ Delete
NAME WHITE ERNEST
STREET ADDRESS 2818 N.E. 54TH STREET
CITY-ST-ZIP GAINESVILLE FL 32609

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.