

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90141 017 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000002713

1. Entity Name

AMBASSADORS FOR CHRIST EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

Mailing Address

~~2818 N.E. 54TH STREET~~
GAINESVILLE FL 32609

P O BOX 5393
GAINESVILLE FL 32627
 US

2020 NE 4th Avenue
Gainesville, FL 326

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

WHITE, ERNEST

~~2818 N.E. 54TH STREET~~
GAINESVILLE FL 32609

2329 NW 65th Road
Gainesville, FL 32653

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 ☐ Delete
 NAME **PD WHITE, ERNEST**
 STREET ADDRESS ~~2818 N.E. 54TH STREET~~ **2329 NW 65th Road**
 CITY-ST-ZIP ~~GAINESVILLE FL 32609~~ **32653**

TITLE ☐ Change ☒ Addition
 NAME **D Karen Alford**
 STREET ADDRESS **2941 NW 68th Ave**
 CITY-ST-ZIP **Gainesville, FL 32653**

TITLE ☐ Delete
 NAME **ESD DUNN-WHITE, PATRICIA A**
 STREET ADDRESS ~~2818 N.E. 54TH STREET~~ **2329 NW 65th Road**
 CITY-ST-ZIP ~~GAINESVILLE FL 32609~~ **32653**

TITLE ☒ Change ☐ Addition
 NAME **PD White, Ernest**
 STREET ADDRESS **2329 N.W. 65th Rd**
 CITY-ST-ZIP **Gainesville, FL 32653**

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

TITLE ☒ Change ☐ Addition
 NAME **ESD Dunn-White, Patricia A**
 STREET ADDRESS **2329 N.W. 65th Rd**
 CITY-ST-ZIP **Gainesville, FL 32653**

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

7/18/02

CR2E037 (4/02)