

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000002713

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** AMBASSADORS FOR CHRIST EVANGELISTIC MINISTRIES, INC.

**Current Principal Place of Business:**

2020 NE 4TH AVE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5393  
GAINESVILLE, FL 32627 US

**New Mailing Address:**

**FEI Number:** 59-3390542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WHITE, ERNEST  
Address: 2329 NW 65TH RD  
City-St-Zip: GAINESVILLE, FL 32653

Title: PD ( ) Delete  
Name: WHITE, ERNEST  
Address: 2329 NW 65TH RD  
City-St-Zip: GAINESVILLE, FL 32653

Title: ESD ( ) Delete  
Name: DUNN-WHITE, PATRICIA A  
Address: 2329 NW 65TH RD  
City-St-Zip: GAINESVILLE, FL 32653

Title: O ( ) Delete  
Name: ROLLINS, RENEE  
Address: 17027 NW 46TH AVENUE  
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete  
Name: THOMAS, JAMES  
Address: 6414 NE 27TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete  
Name: WILLIAMS-JORDAN, NAOMI  
Address: 1001 SE 19TH ST  
City-St-Zip: GAINESVILLE, FL 32642

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ALFORD, KAREN  
Address: 2941 NW 68TH AVE.  
City-St-Zip: GAINESVILLE, FL 32653

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA DUNN-WHITE

PD

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date