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Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northon  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001993 (1)

1. Corporation Name  
AMBASSADORS FOR CHRIST N.D., INC.



Principal Place of Business: 1932 NW 2ND COURT MIAMI FL 33136-1308  
Mailing Address: 1932 NW 2ND COURT MIAMI FL 33136-1308

3. Date Incorporated or Qualified: 04/07/1997

4. FEI Number: 59-2438442  
Applied For:  Not Applicable

2. Principal Place of Business: 21 790 NW 96 Street  
2a. Mailing Address: 26 1932 NW 2ND COURT

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

22. City & State: 23 MIAMI FL  
27. City & State: 28 Miami FL  
24. Zip: 24 33150  
25. Country: 25 USA  
29. Zip: 29 33136-1308  
30. Country: 30 U.S.A.

7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
WIMBERLY, JERRY L  
1932 NW 2ND COURT  
MIAMI FL 33136-1308

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: Jerry L. Wimberly DATE: 3-24-98

12. OFFICERS AND DIRECTORS

TITLE	D	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME		JAMES J. BROWN	
STREET ADDRESS		1101 NW 139 STREET	
CITY-ST-ZIP		MIAMI FL 33168	
TITLE	T	Sec	<input type="checkbox"/> DELETE
NAME		GLADYS V. BROWN	
STREET ADDRESS		1101 NW 139 STREET	
CITY-ST-ZIP		MIAMI FL 33168	
TITLE	T	ELIA M. BROWN / ASSISTANT Sec.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		18721 NW 24 AVENUE	
CITY-ST-ZIP		MIAMI FL 33056	
TITLE	T	Treasurer	<input type="checkbox"/> DELETE
NAME		Bernice Wimberly	
STREET ADDRESS		1932 NW 2ND COURT	
CITY-ST-ZIP		MIAMI FL 33136-1308	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Jerry L. Wimberly DATE: 2-17-98 PHONE: 305-573-2180

CR2E037 (10/97)