

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90032 001 \*\*\*140.00

**DOCUMENT # N97000001993**

1. Entity Name

**AMBASSADORS FOR CHRIST N.D., INC.**

*R*

Principal Place of Business

790 NW 96TH STREET  
 MIAMI FL 33150  
 US

Mailing Address

1932 NW 2ND COURT  
 MIAMI FL 33136-1308  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2438442**

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

**WIMBERLY, JERRY L**  
**1932 NW 2ND COURT**  
**MIAMI FL 33136-1308**

7. Name and Address of New Registered Agent

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 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 **DVP BROWN, JAMES J.**  
 STREET ADDRESS **1101 NW 139 STREET**  
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TS BROWN, GLADYS V.**  
 STREET ADDRESS **1101 NW 139 STREET**  
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TAS BROWN, ELLA M.**  
 STREET ADDRESS **18721 NW 24 AVE**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T WIMBERLY, BERNICE**  
 STREET ADDRESS **1932 NW 2ND COURT**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.

SIGNATURE: *Jerry L. Wimberly* 9-12-00 (305) 573-2186  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)