

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91201 037 ****70.00

DOCUMENT #
1. Entity Name **N97000001993**
Ambassadors for Christ N.D., Inc.

00124410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
160 NW 54th Street
Suite, Apt. #, etc.

3. Mailing Address
1932 NW 2nd Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami, Florida** City & State **Miami, Florida** 4. FEI Number **59-2438442** Applied For Not Applicable

Zip **33127-1716** Country **Miami-Dade** Zip **33136-1308** Country **Miami-Dade** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Jerry L. Wimberly**
Street Address (P.O. Box Number is Not Acceptable)
1932 NW 2nd Court
City **Miami** FL Zip Code **33136-1308**

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  **President** DATE **5-29-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jerry L. Wimberly 1932 NW 2nd Court Miami, FL 33136-1308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James J. Brown 1101 NW 139th Street N. Miami, FL 33168-6711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bernice Wimberly 1932 NW 2nd Court Miami, FL 33136-1308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gladys V. Brown 1101 NW 139th Street N. Miami, FL 33168-6711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **5-29-02** (305) 776-5249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #