


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90065 035 ****70.00

DOCUMENT # N97000001993
 1. Entity Name
AMBASSADORS FOR CHRIST N.D., INC.



Principal Place of Business
 12110 N E MIAMI COURT
 N MIAMI, FL 33161-5354 US

Mailing Address
 12110 N E MIAMI COURT
 N MIAMI, FL 33161-5354 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2438442

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WIMBERLY, JERRY L
12110 N E MIAMI COURT
N MIAMI, FL 33161-5354

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, JAMES J	
STREET ADDRESS	1101 NW 139 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, GLADYS V	
STREET ADDRESS	1101 NW 139 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	P	<input type="checkbox"/> Delete
NAME	WIMBERLY, JERRY L	
STREET ADDRESS	12110 NE MIAMI COURT	
CITY-ST-ZIP	N MIAMI, FL 331615354	
TITLE	T	<input type="checkbox"/> Delete
NAME	WIMBERLY, BERNICE	
STREET ADDRESS	12110 NE MIAMI CRT	
CITY-ST-ZIP	N MIAMI, FL 331615354	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WIMBERLY, JERRY L	
STREET ADDRESS	1932 NW 2ND CT	
CITY-ST-ZIP	MIAMI, FL 331361308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **1-7-04** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR