

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**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



01152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2438442	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

1100000200994  
 01/28/05-80049-009 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	BROWN, JAMES J
STREET ADDRESS	1101 NW 139 STREET
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	S
NAME	BROWN, GLADYS V
STREET ADDRESS	1101 NW 139 STREET
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	P
NAME	WIMBERLY, JERRY L
STREET ADDRESS	12110 NE MIAMI COURT
CITY-ST-ZIP	N MIAMI, FL 331615354
TITLE	T
NAME	WIMBERLY, BERNICE
STREET ADDRESS	12110 NE MIAMI CRT
CITY-ST-ZIP	N MIAMI, FL 331615354
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 line empowered.

SIGNATURE: [Signature] 1-23-05 305-776-5249  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #