

**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 (1Q/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

11000002000994  
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)(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 line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-05

Date

305-776-5249

Daytime Phone #