


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 016 ****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
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40005585



01032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2438442	Applied For Not Applicable
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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

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #