

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003538

1. Entity Name

AMBASSADORS FOR CHRIST FAMILY ENHANCEMENT, INC.

Principal Place of Business

1932 NW 2D COURT  
MIAMI FL 33136

Mailing Address

1932 NW 2D COURT  
MIAMI FL 33136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1618715

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIMBERLY, JERRY  
1932 NW 2D COURT  
MIAMI FL 33136

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIMBERLY, JERRY 1932 NW 2D COURT MIAMI FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <td>SD BROWN, GLADYS 1932 NW 2D COURT MIAMI FL 33136</td> <td><input type="checkbox"/> Delete</td>	SD BROWN, GLADYS 1932 NW 2D COURT MIAMI FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <td>TD WIMBERLY, BERNICE 1932 NW 2D COURT MIAMI FL 33136</td> <td><input type="checkbox"/> Delete</td>	TD WIMBERLY, BERNICE 1932 NW 2D COURT MIAMI FL 33136	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-01

(305) 776-5249

CR2E037 (10/00)