


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003538

1. Entity Name
AMBASSADORS FOR CHRIST FAMILY ENHANCEMENT, INC.



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

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



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE _____
Signature, typed or printed name of reg. office agent, if applicable (NOTE: Registered Agent 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


10. OFFICERS AND DIRECTORS

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

000000001755
 01/12/04-80024-001 70.00

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 another like empowered.

SIGNATURE:  **1-7-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY TO PHONE #