


**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 re-registering)

**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	P
NAME	WIMBERLY, JERRY L
STREET ADDRESS	12110 N E MIAMI COURT
CITY - ST - ZIP	N MIAMI, FL 331615354
TITLE	S
NAME	BROWN, GLADYS V
STREET ADDRESS	1101 N W 139 STREET
CITY - ST - ZIP	MIAMI, FL 33168
TITLE	T
NAME	WIMBERLY, BERNICE
STREET ADDRESS	12110 NE MIAMI COURT
CITY - ST - ZIP	N MIAMI, FL 331615354
TITLE	V
NAME	BROWN, JAMES J
STREET ADDRESS	1101 NW 139 STREET
CITY - ST - ZIP	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:  DATE: 1-7-04 DAY TO PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR