

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 27, 2005 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**



01152005 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**

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**

000000200967  
01/28/05-80049-008 70.00

**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**

**DO NOT WRITE**  
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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

1-23-05

Date

305-776-5249

Daytime Phone #