


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-24-2006 90018 017 ****70.00

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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
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40005584



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 31-1618715	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	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	

DO NOT WRITE IN THIS SPACE

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR