#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010084

Entity Name: AMBASSADOR TRUST CORP.

**FILED** Apr 04, 2019 **Secretary of State** 8363482898CC

### **Current Principal Place of Business:**

8649 BAYPINE RD. **BUILDING 7, SUITE 101** JACKSONVILLE, FL 32256

## **Current Mailing Address:**

8649 BAYPINE RD. **BUILDING 7, SUITE 101** JACKSONVILLE, FL 32256 US

FEI Number: 82-3010956 Certificate of Status Desired: Yes

#### Name and Address of Current Registered Agent:

DREW, RANDY ESQ. 8649 BAYPINE RD. **BUILDING 7, SUITE 101** JACKSONVILLE, FL 32256 US

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: RANDY DREW 04/04/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title P/D. PRESIDENT Title S/D

Name CHRISTIE, CHARLES V Name CHRISTIE, REBECCA R

PO BOX 856 PO BOX 856 Address Address

CASHIERS NC 28717 City-State-Zip: CASHIERS NC 28717 City-State-Zip:

Title T/D Title MR

Name CLOIN, MICHAEL ROSS, BRENT Name

Address 12717 CHETS CREEK DRIVE N 4540 SOUTHSIDE BLVD. #601 Address City-State-Zip: JACKSONVILLE FL 32224

City-State-Zip: JACKSONVILLE FL 32216

Title MR. **ESQUIRE** Title

CONNOR, ROBERT MR. Name Name DREW, RANDY ESQ.

Address 8323 TRIPS WAY Address 8649 BAYPINE ROAD, SUITE 101

City-State-Zip: MACCLENNY FL 32063 City-State-Zip: JACKSONVILLE FL 32256

Title **DIRECTOR** Title MS.

BALDWIN, BOB Name Name UHLAND, KRISTI MS. 8649 BAYPINE RD. Address **42 CHARTER CIRCLE** Address

**BUILDING 7, SUITE 101** 

City-State-Zip: PONTE VEDRA FL 32081 City-State-Zip: JACKSONVILLE FL 32256

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES CHRISTIE

**PRESIDENT** 

04/04/2019

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name MORGAN, JERRY Name TARRANT, LANG

Address 2255 US-1 S, Address 19 PRINCESS STREET, SC

City-State-Zip: ST. AUGUSTINE FL 32086 City-State-Zip: CHARLESTON FL 29401