2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010084

Entity Name: AMBASSADOR TRUST CORP.

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

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 | | | |
|-------------------|--|-----------------|---|------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Direct | tor Detail : | | | |
| Title I | P/D, PRESIDENT | Title | S/D | |
| Name (| CHRISTIE, CHARLES V | Name | CHRISTIE, REBECCA R | |
| Address I | PO BOX 856 | Address | PO BOX 856 | |
| City-State-Zip: 0 | CASHIERS NC 28717 | City-State-Zip: | CASHIERS NC 28717 | |
| Title | T/D | Title | MR. | |
| Name I | ROSS, BRENT | Name | CLOIN, MICHAEL | |
| Address | 4540 SOUTHSIDE BLVD. #601 | Address | 12717 CHETS CREEK DRIVE N | l |
| City-State-Zip: | JACKSONVILLE FL 32216 | City-State-Zip: | JACKSONVILLE FL 32224 | |
| Title | ESQUIRE | Title | DIRECTOR | |
| Name I | DREW, RANDY ESQ. | Name | BISHOP, ANAMARIA MRS. | |
| Address 8 | 8649 BAYPINE ROAD, SUITE 101 | Address | 216 SEA COAST LANE | |
| City-State-Zip: | JACKSONVILLE FL 32256 | City-State-Zip: | PONTE VEDRA BEACH FL 32 | 082 |
| Title | MS. | Title | DIRECTOR | |
| Name I | UHLAND, KRISTI MS. | Name | BALDWIN, BOB | |
| Address | 42 CHARTER CIRCLE | Address | 8649 BAYPINE RD. BUILDING 7, SUITE 101 | |
| City-State-Zip: I | PONTE VEDRA FL 32081 | City-State-Zip: | JACKSONVILLE FL 32256 | |

Continues on page 2

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 | 03/31/2020 |
|-----------|---|-----------|------------|
| | Electronic Signature of Signing Officer/Director Detail | | Date |

FILED Mar 31, 2020 Secretary of State 3315985254CC

Certificate of Status Desired: Yes

Officer/Director Detail Continued :

| Title | DIRECTOR | Title | DIRECTOR |
|-----------------|----------------------------|-----------------|------------------------|
| Name | ROYAL, STEPHANIE MRS. | Name | VARZONI, JULIUS MR. |
| Address | 3227 OLD BARN RD EAST | Address | 8149 POINT MEADOWS WAY |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 | City-State-Zip: | JACKSONVILLE FL 32256 |