

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90065 014 \*\*\*\*61.25

DOCUMENT #

1. Entity Name

NO1000000905 ✓

Ambassadors Christian Life Academy, Inc.

**DO NOT WRITE IN THIS SPACE**

23021

2. Principal Place of Business

3. Mailing Address

Ambassadors Christian Life Academy, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

441 East Airport Blvd

City & State

City & State

Sanford, Florida

Zip

Country

Zip

Country

32773

U.S.A.

4. FEI Number

32-2340176

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

825383

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Bobbie Stiver Director/CEO.

02/18/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME Bobbie Stiver  
STREET ADDRESS 201 Ramblewood Dr.  
CITY-ST-ZIP Sanford, FL 32773

TITLE D  
NAME Thomas Parrot  
STREET ADDRESS P.O. Box 444  
CITY-ST-ZIP 1725 N. HWY 17  
Seville, Florida 32190

TITLE D  
NAME Shondra Cotton  
STREET ADDRESS 2025 Lake Ave  
CITY-ST-ZIP Sanford, FL 32771

TITLE T  
NAME Gale Horne (Finance Advisor)  
STREET ADDRESS 417 Bistol Cove  
CITY-ST-ZIP Mary Esther, FL 32569

TITLE T  
NAME Administrative Assistance  
STREET ADDRESS Gwendolyn De Rose  
CITY-ST-ZIP 1725 N. HWY 17  
Sanford, FL 32771

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bobbie Stiver Bobbie Stiver

02/18/02

407-330-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)