

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90257 006 ****61.25

DOCUMENT # N01000006905

1. Entity Name

AMBASSADORS CHRISTIAN LIFE ACADEMY, INC.



Principal Place of Business
**441 EAST AIRPORT BLVD
SANFORD FL 32773**

Mailing Address
**441 EAST AIRPORT BLVD
SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
201 RAMBLEWOOD DR
City & State
SANFORD FL

Suite, Apt. #, etc.
P.O. Box 1553
City & State
SANFORD FL

Zip
32773 Country
SEMINOLE

Zip
32772 Country
SEMINOLE

4. FEI Number
52-2340176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STIVER, BOBBIE
441 EAST AIRPORT BLVD
SANFORD FL 32773

Name
STIVER, Bobbie
Street Address (P.O. Box Number is Not Acceptable)

201 RAMBLEWOOD DR
City
SANFORD FL Zip Code
32773

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
PARROT, THOMAS
1725 N HWY 17/P.O BOX 444
SEVILLE FL 32190 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
STIVER, BOBBIE PASTOR
201 RAMBLEWOOD DRIVE
SANFORD FL 32773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FAT
HORNE, GALE
417 BISTOL COVE
MARY ESTHER FL 32569 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FAT
WOODARD, ELLA
1011 JESSAMINE ST
SANFORD, FL 32771 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASD
DE BOSE, GWENDOLYN
1724 W 14TH STREET
SANFORD FL 32771 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASD
DEBOSE GWENDOLYN
201 RAMBLEWOOD DR
SANFORD, FL 32773 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAT
STARWING, JULIA
14104 STONE BROOK DR.
SANFORD FL 32771 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAT
HELENE DEFARES
308 RACHELLE AVE #534
SANFORD, FL 32771 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Bobbie Stiver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 (407)330-3291

Date

Daytime Phone #