

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91105 025 ****70.00

DOCUMENT # NO1000006905

1. Entity Name

AMBASSADORS CHRISTIAN LIFE ACADEMY, INC.



Principal Place of Business

Mailing Address

**441 EAST AIRPORT BLVD
SANFORD FL 32773**

**441 EAST AIRPORT BLVD
SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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. 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

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

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

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

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

TITLE **ASD** ☒ Delete
NAME **COTTON, SHANDRA**
STREET ADDRESS **2025 LAKE AVENUE**
CITY-ST-ZIP **SANFORD FL 32771**

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

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

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

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

TITLE **ASD** ☒ Change ☐ Addition
NAME **DEBOSE, GWENDOLYN**
STREET ADDRESS **1724 W. 14TH ST**
CITY-ST-ZIP **SANFORD, FLA 32771**

TITLE ☐ Delete
NAME **JULIA STARLING**
STREET ADDRESS **14104 STONEBROOK DR.**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **AAT** ☐ Change ☒ Addition
NAME **JULIA STARLING**
STREET ADDRESS **14104 STONEBROOK DR.**
CITY-ST-ZIP **SANFORD, FLA 32771**

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: *Bob Stiver*

3/11/03

407-530-2433

CR2E037 (10/02)