

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

DOCUMENT # **ND1000009116**

1. Entity Name

*Ambassador Gospel Assembly
of Orlando.*



FILED

04 APR 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

618 PINE HILL RD

3. Mailing Address

6329 LAURELWOOD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip *32808*

Country

Orange County

Zip *32818*

Country

Orange County

DO NOT WRITE IN THIS SPACE

4. FEL Number

593747395

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MONTANEU BY

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

6329 Laurelwood Ct

City

Orlando FL

FL

Zip Code

32818

**DO NOT WRITE
IN THIS SPACE**

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

Montaneu BY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/04

**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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Montaneu BY Director
6329 Laurelwood Ct
Orlando FL 32818*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800033093278
04/19/04--01068--002 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*EMMACULA BY Secretary
6329 Laurelwood Ct
Orlando FL 32818*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*ANSON BY Director
6329 Laurelwood Ct
Orlando FL 32818*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Montaneu BY

4/13/04

CR2E037B (12/02)