

# 3 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N-01000007116

1. Entity Name

AMBASSADOR GOSPEL ASSEMBLY  
of orlando INC



FILED

03 SEP 16 PM 1:04

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.

DO NOT WRITE IN THIS SPACE

City & State

orlando FL- ~~32808~~

City & State

orlando FL-

4. FEI Number

593747395

Applied For

Not Applicable

Zip

32808

Country

Orange County

Zip

32818

Country

Orange Co.

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 Court

City

orlando

FL

Zip Code

32818

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

Montaneu, BY

9-6-03

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  
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  
IMMACULATA - BY, Secretary  
6329 Laurelwood Ct  
orlando FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Amoson, BY, Director  
6329 Laurelwood Ct  
orlando FL 32818

TITLE  
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09/16/03--01044--012 \*\*70.00

**DO NOT WRITE  
IN THIS SPACE**

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

9-6-03

CR2E037B (12/02)