

2002 UNIFORM BUSINESS REPORT (UBR)

0002101

DOCUMENT # NO1000008833

1. Entity Name

THE AMBASSADOR FOR CHRIST BAPTIST CHURCHES, INC.

Principal Place of Business

6771-73 MADISON AVENUE
TAMPA FL 33619

Mailing Address

6771-73 MADISON AVENUE
TAMPA FL 33619

FILED

02 APR 17 PM 2: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

992 Galion Street

Suite, Apt. #, etc.

c/o Katie Crutchfield

City & State

Harrisburg, Pennsylvania

Zip

17111-3632

Country

4. FEI Number

259-3761-143

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New 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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRISBY, FRANKLIN DO	
STREET ADDRESS	6771-73 MADISON AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRUTCHFIELD, RONALD F	
STREET ADDRESS	6771-73 MADISON AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUTCHFIELD, KATIE J	
STREET ADDRESS	6771-73 MADISON AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRUTCHFIELD, CLARENCE	
STREET ADDRESS	6771-73 MADISON AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUTCHFIELD, MARY E	
STREET ADDRESS	6771-73 MADISON AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRISBY, DARLENE G	
STREET ADDRESS	6771-73 MADISON AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katie Crutchfield 4/12/02 717-565-9014

CR2E037 (9/01)