

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000652

FILED
Sep 05, 2008
Secretary of State

Entity Name: AMBASSADOR SPORTS CLUB, INCORPORATED

Current Principal Place of Business:

16926 NW 20 STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

16926 NW 20 STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GONZALES, WINSTON G
16926 NW 20 STREET
PEMBROKE PINES, FL 33028 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALES, WINSTON G
Address: 16926 NW 20 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: ROBERT, NELSON C
Address: 17021 NW 16 AVE
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: WILLIAMS, MARLENE
Address: 18920 NW 27 AVE
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: ENGLAND, CECIL L
Address: 70 NE 211 STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON GONZALES

MR

09/05/2008

Electronic Signature of Signing Officer or Director

Date