FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 29 PM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27133** **(0)**

1. Corporation Name

THE ROYAL AMBASSADOR CLUB, INC.

Principal Place of Business	Mailing Address
433 A NORTH 21ST STREET FT. PIERCE FL 34950	433 A NORTH 21ST STREET FT. PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOMER, MATHIS
3302 OLEANDER AVE.
FT. PIERCE FL 34948

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	ARMSTRONG, JAMES	1.2 NAME	Tom Wilson	
STREET ADDRESS	3409 AVENUE I	1.3 STREET ADDRESS	1402 N. 37th St.	
CITY-ST-ZIP	FT. PIERCE FL 34950	1.4 CITY-ST-ZIP	Ft. Pierce, Fl. 34947	
TITLE	VD	2.1 TITLE	V D	☒ Change ☐ Addition
NAME	WILSON, TOM	2.2 NAME	Millage Collins	
STREET ADDRESS	607 NORTH 17TH ST.	2.3 STREET ADDRESS	2611 Indiana Ave.	
CITY-ST-ZIP	FT. PIERCE FL 34950	2.4 CITY-ST-ZIP	Ft. Pierce, Fl. 34950	
TITLE	TD	3.1 TITLE	T D	☐ Change ☐ Addition
NAME	HAMBRICK, DAVID	3.2 NAME	David Hambrick	
STREET ADDRESS	1908 AVE. M.	3.3 STREET ADDRESS	1908 Ave. M	
CITY-ST-ZIP	FT. PIERCE FL 34950	3.4 CITY-ST-ZIP	Ft. Pierce, Fl. 34950	
TITLE	SD	4.1 TITLE	S D	☐ Change ☐ Addition
NAME	MATHIS, HOMER	4.2 NAME	Homer Mathis	
STREET ADDRESS	P.O. BOX 3698 N/A	4.3 STREET ADDRESS	P.O. Box 3698 N/A	
CITY-ST-ZIP	FT. PIERCE FL 34948	4.4 CITY-ST-ZIP	Ft. Pierce, Fl. 34948	
TITLE	AS	5.1 TITLE	D	☐ Change ☒ Addition
NAME	COLLINS, MILLAGE	5.2 NAME	Enav Pittman	
STREET ADDRESS	110 N. 20TH ST.	5.3 STREET ADDRESS	812 Dayman Ave.	
CITY-ST-ZIP	FT. PIERCE FL 34950	5.4 CITY-ST-ZIP	Ft. Pierce, Fl. 34950	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	COPELAND, ELMORE	6.2 NAME		
STREET ADDRESS	1304 NORTH 20TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Homer Mathis Homer Mathis 4/24/95 (407) 466-9531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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