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 MAY -1 PM 1:21
TALLAHASSEE, FLORIDA

DOCUMENT # **N40021** **(0)**

1. Corporation Name
AMBASSADOR BAPTIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
13825 WINDJAMMER LN. JACKSONVILLE FL 32224-8146	13825 WINDJAMMER LN. JACKSONVILLE FL 32224-8146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1990
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-3027392 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 2144 Holly Oaks River Dr.	2a. Mailing Address 26: 2144 Holly Oaks River DR
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Jacksonville FL	City & State 28: Jacksonville FL
Zip 24: 32225 Country 25: USA	Zip 29: 32225 Country 30: USA

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

9. Name and Address of Current Registered Agent

PIATT, RICHARD C., II
13825 WINDJAMMER LANE
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name: METTE', DON
82 Street Address (P.O. Box Number is Not Acceptable): 2144 Holly Oaks River Dr
83:
84 City: Jacksonville FL 85 Zip Code: 32225

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: Don Mette — 5/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	PIATT, RICHARD C., II	12 NAME	JONES, THOMAS DALE
STREET ADDRESS	13825 WINDJAMMER LANE	13 STREET ADDRESS	C/O 2144 HOLLY OAKS RIVER DR
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	METTE', DON	22 NAME	
STREET ADDRESS	2144 HOLLY OAKS RIVER DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KING, MICHAEL	32 NAME	
STREET ADDRESS	829 4TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	APOSTOL, GING
STREET ADDRESS		43 STREET ADDRESS	2126 WEYMOUTH CIRCLE E.
CITY-ST-ZIP		44 CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: Michael D King — Michael D. King — 5-7-95 — (904) 645-0999 (904) 721-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025951