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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40021

1. Corporation Name

AMBASSADOR BAPTIST CHURCH, INCORPORATED

Principal Place of Business

2144 HOLLY OAKS RIVER DR.
JACKSONVILLE FL 32225

Mailing Address

PO BOX 351341
JACKSONVILLE FL 32235
US



2. Principal Place of Business

21 11110 Atlantic Blvd

2a. Mailing Address

26 Suite, Apt., #, etc.

3. Date Incorporated or Qualified

09/18/1990

Suite, Apt., #, etc.

22 Apt. # 103

Suite, Apt., #, etc.

27

4. FEI Number

59-3027392

Applied For

Not Applicable

City & State

23 Jacksonville FL

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 32246

Country

25 USA

Zip

29

Country

30

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

METTE, DON
2144 HOLLY OAKS RIVER DR.
JACKSONVILLE FL 32225

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME YOUAMANS, PAUL
STREET ADDRESS 12802 SERENADE CIR
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME METTE, DON
STREET ADDRESS 2144 HOLLY OAKS RIVER DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME APOSTOL, GING
STREET ADDRESS 2126 WEYMOUTH CIRCLE E.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Paul Youmans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99

Date

904-220-3903

Daytime Phone #

CR2E037-11/99