

2000 UNIFORM BUSINESS REPORT (UBR)

6.

DOCUMENT # N40021

1. Entity Name

AMBASSADOR BAPTIST CHURCH, INC

Principal Place of Business

Mailing Address

968 N ST. JOHNS BLUFF PO BOX 351341
JAX, FL 32225 JAX, FL 32235

2. Principal Place of Business

3. Mailing Address

968 N ST. JOHNS BLUFF PO BOX 351341
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

JAX, FL

JAX, FL

Zip

Country

Zip

Country

32225 USA 32235 ~~FLA~~ USA

4. FEI Number

Applied For

593027392

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DON METTE
2144 Holly Oaks River Dr
JAX, FL 32225

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

Don Mette

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL YOUMANS <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DON METTE <input type="checkbox"/> Delete 2144 Holly Oaks River Dr JAX, FL 32225 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUYB APOSTOL <input type="checkbox"/> Delete 2126 WEYMOUTH CIR, E JAX, FL 32246 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVE PAGADUAN <input type="checkbox"/> Delete 2177 LUANA DR. JACKSONVILLE FL 32211 T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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:

Don Mette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 10, 2000 8:00 am
Secretary of State

06-08-2000 90020 015 ***70.00

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)