


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N40021</b> 1. Entity Name <b>AMBASSADOR BAPTIST CHURCH, INCORPORATED</b>	
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Principal Place of Business <b>2134 MAYPORT ROAD ATLANTIC BEACH, FL 32233 US</b>	Mailing Address <b>2134 MAYPORT ROAD ATLANTIC BEACH, FL 32233 US</b>
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**DO NOT WRITE IN THIS SPACE**



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3027392</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**METTE, DON  
2144 HOLLY OAKS RIVER DR.  
JACKSONVILLE, FL 32225**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Don Mette* DATE 3/20/08

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METTE, DON 2144 HOLLY OAKS RIVER DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERUS, FLOYD 67 JEFFERSON AVE PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STALEY, MATTHEW 13748 MACAPA JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/09/08-80034-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* DATE 3/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR