

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

04-11-2003 90186 007 ****61.25

DOCUMENT # N40021 1. Entity Name AMBASSADOR BAPTIST CHURCH, INCORPORATED					
Principal Place of Business 968 N ST JOHN'S BLUFF JACKSONVILLE FL 32225 US			Mailing Address PO BOX 351341 JACKSONVILLE FL 32235 US		
2. Principal Place of Business 2134 Mayport Rd. Suite, Apt. #, etc.			3. Mailing Address 2144 Holly Oaks River Dr. Suite, Apt. #, etc.		
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-3027392	
Zip 32233 Country USA		Zip 32235 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent METTE, DON 2144 HOLLY OAKS RIVER DR. JACKSONVILLE FL 32225				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METTE, DON 2144 HOLLY OAKS RIVER DR JACKSONVILLE FL	<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	D APOSTOL, GING 2128 WEYMOUTH CIRCLE E. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11036 Oak Ridge Dr. N. Jacksonville, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGADUAN, DAVE 2177 LUANA DR JACKSONVILLE FL 32211	<input checked="" 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	Ruel Aninon 11036 Oak Ridge Dr. N. JAX FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RUEL ANINON 11036 OAK RIDGE DR N. JACKSONVILLE FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD White 1414 First St Neptune Beach, 32266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DONALD WHITE 1414 FIRST ST NEPTUNE BEACH, FL 32266	
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	
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: SIGNATURE OF METTE 4-8-03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E037 (10/02)