

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

61-45
APPROVED
AND
FILED

95 MAR -2 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006316 (3)

1. Corporation Name

AMBASSADORS OF CHRIST TODAY, INC.

Principal Place of Business

P.O. BOX 616428
ORLANDO FL 32861-6428

Mailing Address

P.O. BOX 616428
ORLANDO FL 32861-6428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1994

3a. Date of Last Report

N/A

4. FEI Number

Applied For

☒ Not Applicable

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

2. Principal Place of Business

21 900 Plymouth Sorrento Rd
Suite, Apt. #, etc.

22 1121

City & State

23 Plymouth FL

Zip

24 32768

Country

25 Orange

2a. Mailing Address

26 900 Plymouth Sorrento Rd
Suite, Apt. #, etc.

27 1121

City & State

28 Plymouth FL

Zip

29 32768

Country

30 Orange

9. Name and Address of Current Registered Agent

ROUNDTREE, ROBERT
5497 TIMBERLEAF BLVD #1508
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Robert Roundtree Robert Roundtree

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2-24-95

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROUNDTREE, ROBERT
STREET ADDRESS 5497 TIMBERLEAF BLVD #1508
CITY-ST-ZIP ORLANDO FL 32811

TITLE D
NAME BALL, DOUGLAS
STREET ADDRESS 900 PLYMOUTH SORRENTO RD #1121
CITY-ST-ZIP PLYMOUTH FL 32768

TITLE D
NAME BALL, RONETTE D
STREET ADDRESS 900 PLYMOUTH SORRENTO RD #1121
CITY-ST-ZIP PLYMOUTH FL 32768

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 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)(k), 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:

Douglas B. Ball

Douglas B. Ball

2-24-95

291-0241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number