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**Mar 06, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000003914**

1. Corporation Name

**ALLIANCE OF APPOINTED AMBASSADORS, INC.**

Principal Place of Business

6958 CHRISTOPHER ROBIN DR.  
JACKSONVILLE FL 32210

Mailing Address

3545-1 ST. JOHNS BLUFF RD. S. #242  
JACKSONVILLE FL 32224



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/07/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-345 9221

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKSHEAR, VICTOR**  
6958 CHRISTOPHER ROBIN DR.  
JACKSONVILLE FL 32210

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BLACKSHEAR, VICTOR**  
CITY-ST-ZIP **6958 CHRISTOPHER ROBIN DR.**  
**JACKSONVILLE FL 32210**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **Mitchell, Shatoya**  
1.4 CITY-ST-ZIP **810 Wadsworth Dr. Apt. 202-A**  
**Tallahassee, FL 32304**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MITCHELL, SHATOYA**  
CITY-ST-ZIP **541 BRYAN ST., APT. 209**  
**TALLAHASSEE FL 32304**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WILLIAMS, WENONA**  
CITY-ST-ZIP **4567 ST. JOHNS BLUFF RD. S., HB# 1946**  
**JACKSONVILLE FL 32224**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

**Victor Blackshear**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/99**  
Date

**904-281-4317**  
Daytime Phone #

CR2E037 (11/98)