

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005421

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** AMBASSADOR TRUST, INC.

**Current Principal Place of Business:**

13152 SUMMIT CREEK ROAD  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

440 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

13152 SUMMIT CREEK ROAD  
JACKSONVILLE, FL 32224

**New Mailing Address:**

PO BOX 737  
PONTE VEDRA BEACH, FL 32004

**FEI Number:** 59-3536401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAIRBANKS, RANDAL C  
528 BAY HOLLOW CT.  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHRISTIE, CHARLES V  
Address: PO BOX 737  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: SD  
Name: CHRISTIE, REBECCA R  
Address: PO BOX  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: DV  
Name: FAIRBANKS, RANDAL C  
Address: 528 BAY HOLLOW CT.  
City-St-Zip: JAX, FL 32259

Title: TD  
Name: LEE, GARY  
Address: 440 OSCEOLA AVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA ROSS CHRISTIE

SD

03/07/2011

Electronic Signature of Signing Officer or Director

Date