

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90055 008 ***158.75

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1. Entity Name

AMBASSADOR OF THE WAY MINISTRY, INC.

Principal Place of Business

1011 REGENT STREET
EDGEWATER FL 32132

Mailing Address

1011 REGENT STREET
EDGEWATER FL 32132

2. Principal Place of Business

1011 Regent St

Suite, Apt. #, etc.

3. Mailing Address

Same as Above

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Edgewater, FL

City & State

Edgewater, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32132

Country

USA

Zip

32132

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPIERRE, L. JANE
1011 REGENT STREET
EDGEWATER FL 32132

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

L. JANE LAPIERRE, VP

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

L. Jane LaPierre

(NOTE: Registered Agent signature required when reinstating)

4/24/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
FRANKLIN, ELLARY
3950 TIGER BAY ROAD
DAYTONA BEACH FL 32124 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LAPIERRE, L. JANE
1011 REGENT STREET
EDGEWATER FL 32132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
SANDERS, LILLIE
548 NORTH STREET
DAYTONA BEACH FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 607, 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:

L. JANE LAPIERRE

L. Jane LaPierre

4/24/04

(386) 456-5856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #