

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010084

**FILED**  
**Mar 07, 2022**  
**Secretary of State**  
**4403573834CC**

**Entity Name:** AMBASSADOR TRUST CORP.

**Current Principal Place of Business:**

8649 BAYPINE RD.  
BUILDING 7, SUITE 101  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8649 BAYPINE RD.  
BUILDING 7, SUITE 101  
JACKSONVILLE, FL 32256 US

**FEI Number:** 82-3010956

**Certificate of Status Desired:** Yes

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

DREW, RANDY ESQ.  
8649 BAYPINE RD.  
BUILDING 7, SUITE 101  
JACKSONVILLE, FL 32256 US

*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:** RANDY DREW

03/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D, PRESIDENT  
Name CHRISTIE, CHARLES V  
Address PO BOX 856  
City-State-Zip: CASHIERS NC 28717

Title S/D  
Name CHRISTIE, REBECCA R  
Address PO BOX 856  
City-State-Zip: CASHIERS NC 28717

Title T/D  
Name ROSS, BRENT  
Address 4540 SOUTHSIDE BLVD. #601  
City-State-Zip: JACKSONVILLE FL 32216

Title MR.  
Name CLOIN, MICHAEL  
Address 12717 CHETS CREEK DRIVE N  
City-State-Zip: JACKSONVILLE FL 32224

Title ESQUIRE  
Name DREW, RANDY ESQ.  
Address 8649 BAYPINE ROAD, SUITE 101  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name BISHOP, ANAMARIA MRS.  
Address 216 SEA COAST LANE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name BALDWIN, BOB  
Address 8649 BAYPINE RD.  
BUILDING 7, SUITE 101  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name ROYAL, STEPHANIE MRS.  
Address 3227 OLD BARN RD EAST  
City-State-Zip: PONTE VEDRA BEACH FL 32082

**Continues on page 2**

*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:** CHARLES CHRISTIE

PRESIDENT/CEO

03/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            VARZONI, JULIUS MR.  
Address        8149 POINT MEADOWS WAY  
City-State-Zip: JACKSONVILLE FL 32256