

**2000 UNIFORM BUSINESS REPORT (UBR)**

9/18/00-90030-038-\$61.25-\$61.25

DOCUMENT # N93000005754

1: Entity Name

AGAPAO CHRISTIAN FELLOWSHIP CHURCH, INC.

FILED

00 SEP 27 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4911 N. 42ND ST. TAMPA FL 33610	Mailing Address P.O. BOX 310614 TAMPA FL 33680-0614
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2. Principal Place of Business 2401 EAST PALIFOX ST Suite, Apt. #, etc.	3. Mailing Address 2401 EAST PALIFOX ST Suite, Apt. #, etc.
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City & State TAMPA FL.	City & State TAMPA FL.
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4. FEI Number 59-3237036	Applied For <input type="checkbox"/> Not Applicable
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Zip 33610	Country Hillsborough	Zip 33610	Country Hillsborough
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAMPBELL, THEODIS R  
4911 NORTH 42ND ST.  
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name: CAMPBELL, THEODIS R  
Street Address (P.O. Box Number is Not Acceptable):  
2401 EAST PALIFOX ST.  
City: TAMPA FL Zip Code: 33610

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, THEODIS R 4911 NORTH 42ND STREET TAMPA FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, DAVID R 1705 TARAH TRACE DR BRANDON FL 33510 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOOKER, SHEKETHA 3621 N 55TH ST TAMPA FL 33619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, VALENCIA 1705 TARAH TRACE DR BRANDON FL 33510 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laquinda Campbell 2401 E Palifox St Tampa, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: THEODIS R. CAMPBELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-00(83) 234 8486  
Date Daytime Phone #

CR2E037 (9/99)

KE