

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000612

1. Entity Name  
**AGAPAO MINISTRIES, INC.**

R

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90030 039 \*\*\*\*61.25

Principal Place of Business  
4911 N. 42ND ST.  
TAMP FL 33610

Mailing Address  
4911 N. 42ND ST.  
TAMP FL 33610-2201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2401 EAST PALIFOX ST.**

3. Mailing Address  
**2401 EAST PALIFOX ST.**

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

4. FEI Number  
**59-3561735**

Applied For  
 Not Applicable

Zip  
**33610**

Country  
**Hillsborough**

Zip  
**33610**

Country  
**Hillsborough**

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

**CAMPBELL, THEODIS R**  
4911 N. 42ND ST.  
TAMP FL 33610

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **D CAMPBELL, THEODIS R**  
STREET ADDRESS **4911 N. 42ND ST.**  
CITY-ST-ZIP **TAMP FL 33610**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D BOOKER, SHEKETHA**  
STREET ADDRESS **3621 N. 55TH ST.**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D CAMPBELL, LAQUINDA**  
STREET ADDRESS **4911 N. 42ND ST.**  
CITY-ST-ZIP **TAMP FL 33610**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D WATKINS, DAVID R**  
STREET ADDRESS **1705 TARAH TRACE DR.**  
CITY-ST-ZIP **BRANDON FL 33510**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D WATKINS, VALENCIA**  
STREET ADDRESS **1705 TARAH TRACE DR.**  
CITY-ST-ZIP **BRANDON FL 33510**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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** 6-29-2000 (813) 334-8486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)