

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90030-037-\$61.25-\$61.25

DOCUMENT # N99000004378

1. Entity Name

AGAPAO COMMUNITY DEVELOPMENT CENTER, INC.

2

FILED

00 SEP 27 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80107011



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4911 N. 42ND STREET
TAMPA FL 33680

4911 N. 42ND STREET
TAMPA FL 33610-2201

2. Principal Place of Business

3. Mailing Address

2401 EAST PALIFOL ST.

2401 EAST PALIFOL ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA FL

4. FEI Number

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 STREET
TAMPA FL 33680

Name CAMPBELL, THEODIS R.

Street Address (P.O. Box Number is Not Acceptable)

2401 EAST PALIFOL 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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, THEODIS R	
STREET ADDRESS	4911 N. 42ND STREET	
CITY-ST-ZIP	TAMPA FL 33680	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOOKER, SHEKETHA	
STREET ADDRESS	4911 N. 42ND STREET	
CITY-ST-ZIP	TAMPA FL 33680	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, VALENCIA	
STREET ADDRESS	4911 N. 42ND STREET	
CITY-ST-ZIP	TAMPA FL 33680	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Laguinda Campbell	
STREET ADDRESS	2401 E Palifox St	
CITY-ST-ZIP	Tampa, Fl. 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

THEODISE R. CAMPBELL 6-29-2000 (813) 234-8486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

KE