

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735674

1. Entity Name

AGAPE CHRISTIAN MINISTRIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1670  
602 VERA ST.  
DAYTONA BCH FL 32114-1959

P.O. BOX 1670  
602 VERA ST.  
DAYTONA BCH FL 32114-1959

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, ERNEST N  
602 VERA ST  
DAYTONA BCH, FL  
32014

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.

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 ☐ Delete  
NAME WRIGHT, ERNEST N.  
STREET ADDRESS 602 VERA ST.  
CITY-ST-ZIP DAYTONA BEACH, FL 0

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

TITLE VPTD ☐ Delete  
NAME WRIGHT, LEVONIA  
STREET ADDRESS 602 VERA STREET  
CITY-ST-ZIP DAYTONA BCH, FL 32114

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

TITLE D ☐ Delete  
NAME BRIGHT, ALLEN S.  
STREET ADDRESS 1245 EDNA DR.  
CITY-ST-ZIP PORT ORANGE FL

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

TITLE SD ☐ Delete  
NAME BRIGHT, JOY F.  
STREET ADDRESS 1245 EDNA DR.  
CITY-ST-ZIP PT. ORANGE FL

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

TITLE D ☐ Delete  
NAME KING, JAMES  
STREET ADDRESS 620 RUTH STREET  
CITY-ST-ZIP DAYTONA BCH FL 32114

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: *Levon W. Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00 (904) 255-6879

Date

Daytime Phone #

FILED  
May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90260 014 \*\*\*\*61.25

735674



DO NOT WRITE IN THIS SPACE

4. FEI Number

51-9672566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CF2E037 (9/99)