

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90003 009 \*\*\*\*61.25

**DOCUMENT # 735674**

1. Entity Name

**AGAPE CHRISTIAN MINISTRIES, INC.**

Principal Place of Business

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

Mailing Address

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

000J0470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**29 Twin Rivers Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**29 Twin Rivers Drive**  
 Suite, Apt. #, etc.  
**Ormond Beach**

City & State

**Ormond Beach, Florida**

City & State

**Ormond Beach, Florida**

4. FEI Number

**51-9672566**

Applied For

Not Applicable

Zip

**32174**

Country

**FL**

Zip

**32174**

Country

**FL**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, ERNEST N.**  
**602 VERA ST.**  
**DAYTONA BEACH FL 32014**  
**29 Twin Rivers Drive**  
**Ormond Beach, Fl.**  
**32174**

7. Name and Address of New Registered Agent

**WRIGHT, ERNEST N.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**29 Twin Rivers Drive**  
**Ormond Beach, Florida**  
 City **FL** Zip Code **32174**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, ERNEST N.	
STREET ADDRESS	602 VERA ST.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	WRIGHT, LEVONIA	
STREET ADDRESS	602 VERA STREET	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, ALLEN S.	
STREET ADDRESS	1245 EDNA DR.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRIGHT, JOY F.	
STREET ADDRESS	1245 EDNA DR.	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JAMES	
STREET ADDRESS	635 RUTH STREET	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	29 Twin Rivers Drive	
CITY-ST-ZIP	Ormond Beach, Fl. 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	29 Twin Rivers Drive	
CITY-ST-ZIP	Ormond Beach, Fl. 32174	
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	635 Ruth Street	
CITY-ST-ZIP	Daytona Beach, Fl. 32114	
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: *[Signature]* (LEVONIA WRIGHT)

5/14/01

386-252-6357

CR2E037 (10/00)