

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90088 004 ****61.25

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DOCUMENT # 737961 1. Entity Name AGAPE BAPTIST CHURCH, INC.					
Principal Place of Business 3880 OLD MIDDLEBURG ROAD JACKSONVILLE, FL 32210 US			Mailing Address P. O. BOX 60053 JACKSONVILLE, FL 32205 US		
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		
MASTROVASELIS, CALIOPE 1791 LONG SLOUGH WALK ORANGE PARK, FL 32073			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRILEY, KELLY		NAME	Briley, Kelly	
STREET ADDRESS	4800 ORTEGA FARMS BLVD #312		STREET ADDRESS	6710 Collins Road #2316	
CITY-ST-ZIP	JACKSONVILLE, FL 322242645		CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FREEMAN, TOMMY		NAME	Ben Piner	
STREET ADDRESS	5105 BATLEY ROAD		STREET ADDRESS	13716 Penzance Parkway	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSHING, CATHERINE		NAME		
STREET ADDRESS	7623 KNOLL DR N		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSHING, ED		NAME		
STREET ADDRESS	7623 KNOLL DR N		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, TRUDY		NAME	Barrett, Trudy	
STREET ADDRESS	8430 HAPPY VALLEY LANE		STREET ADDRESS	5315 Missouri Ave	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	Jacksonville, FL 32254	
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLATE, RICH		NAME		
STREET ADDRESS	6455 SABLEWOODS DR E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		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: Catherine W. Rushing <i>Catherine W. Rushing</i> 3/1/05 904-791-8366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					