2000 UNIFORM BUSINESS REPORT (UBR)

7/7

FILED
Sep 12, 2000 8:00 am
Secretary of State
07-24-2000 90013 032 ****61.25

DOCUMENT # 755542

1. Entity Name

AGAPE WORD MINISTRIES, INC.

Principal Place of Business	Mailing Address
% TERRY SUMRALL HIGHWAY 19 SOUTH - P.O. BOX 1394 CROSS CITY FL 32628	% TERRY SUMRALL HIGHWAY 19 SOUTH - P.O. BOX 1394 CROSS CITY FL 32628

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 05-0005500 ☐ Applied For ☐ Not Applicable

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
MCLEOD, JEAN L HORSESHOE ROAD P. O. BOX 561 CROSS CITY FL 32628	Name: Bennice Wolfe Street Address (P.O. Box Number is Not Acceptable): 107 Touchton Rd City: Live Oak FL Zip Code: 32060

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: Bennice Wolfe Bennice Wolfe 9/10/00
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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUMRALL, TERRY & JUDY PO BOX 1394,KRESSMAN ST. CROSS CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, FRANK & AMANDA RT 7 BOX 87 ROCKY CRK RD LIVE OAK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMPION, BOB & CAROL 913 PELICAN BAY DR DAYTONA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOLFE, BENNICE RT 4 BOX 107 TOUCHTON RD LIVE OAK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSGROVE, CHRIS & TERRI 805 SW MARYMAE ST. LIVE OAK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEOD, JEAN HORSESHOE ROAD CROSS CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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 REQUIRED Terry Sumrall 7-11-00 (352) 498-3078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #