

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755542

1. Entity Name

AGAPE WORD MINISTRIES, INC.

LA

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90006 024 ****61.25

Principal Place of Business

% TERRY SUMRALL
HIGHWAY 19, SOUTH - P.O. BOX 1394
CROSS CITY FL 32628

Mailing Address

% TERRY SUMRALL
HIGHWAY 19, SOUTH - P.O. BOX 1394
CROSS CITY FL 32628

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, BENNICE
107 TOUCHTON RD
LIVE OAK FL 32060

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 SUMRALL, TERRY & JUDY
STREET ADDRESS PO BOX 1394, KRESSMAN ST.
CITY-ST-ZIP CROSS CITY FL

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

TITLE D ☐ Delete
NAME DAVIS, FRANK & AMANDA
STREET ADDRESS RT 7 BOX 87 ROCKY CRK RD
CITY-ST-ZIP LIVE OAK FL

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

TITLE D ☒ Delete
NAME CHAMPION, BOB & CAROL
STREET ADDRESS 913 PELICAN BAY DR
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ Change ☒ Addition
NAME Diana Locke, 101 Jennifer Lane
STREET ADDRESS P.O. Box 325
CITY-ST-ZIP Cross City, FL 32628

TITLE SD ☐ Delete
NAME WOLFE, BENNICE
STREET ADDRESS RT 4 BOX 107 TOUCHTON RD
CITY-ST-ZIP LIVE OAK FL

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

TITLE D ☒ Delete
NAME MUSGROVE, CHRIS & TERRI
STREET ADDRESS 805 SW MARYMAE ST.
CITY-ST-ZIP LIVE OAK FL

TITLE D ☐ Change ☒ Addition
NAME Donna Jones
STREET ADDRESS HCG Box 4760
CITY-ST-ZIP Old Town, FL 32686

TITLE D ☐ Delete
NAME MCLEOD, JEAN
STREET ADDRESS HORSESHOE ROAD
CITY-ST-ZIP CROSS CITY FL

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: Terry Sumrall 5/1/01 (352) 498-3078