FILED
Aug 16, 2001 8:00 am
Secretary of State

07-23-2001 90002 007 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006264

1. Entity Name

AGAPE COMMUNITY CHURCH OF PALM BAY, INC.

Principal Place of Business	Mailing Address
2235 PACIFIC AVE N.E. PALM BAY FL 32905	2235 PACIFIC AVE N.E. PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2235 Pacific Ave Suite, Apt. #, etc.	2235 Pacific Ave Suite, Apt. #, etc.
Palm Bay, Florida	Palm Bay, Florida
Zip: 32905 Country: USA	Zip: 32905 Country: USA

4. FEI Number: 59-3676941 ☐ 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
WAYNE, EDWARD W PASTOR 2235 PACIFIC AVE N.E. PALM BAY FL 32905	Name: SAME 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: Edward Wayne Fournier (President/Pastor) E. Wayne Fournier 7/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW: FEE IS $61.25 After September 12, 2001, 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		☐ Delete		☐ Change ☐ Addition
T	Vice President ROXANNE-BARZA FOURNIER 2235 Pacific Ave Palm Bay, Florida 32905			
D	President Edward Fournier 2235 Pacific Ave Palm Bay, FL 32905			
T	TREASURER KEVIN KASS 2235 Pacific Ave Palm Bay, FL 32905			

CR2E037 (5/01)

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: E. Wayne Fournier 7/12/01 321-953-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #