

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90271 033 \*\*\*\*61.25

**DOCUMENT # N01000002185**

1. Entity Name

**AGAPE OUTREACH MINISTRIES.COM, INC.**



Principal Place of Business

**2806 AVE. D  
FT PIERCE FL 34947**

Mailing Address

**PO BOX 1861  
FT PIERCE FL 34954-1861**

2. Principal Place of Business

3. Mailing Address **PO BOX 1895  
FT. Pierce FL 34954-1895**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1097366**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FREDERICK, LEREL SR  
1122 HEMLOCK CIRCLE  
FT PIERCE FL 34947**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **FREDERICK, LEREL SR**  
STREET ADDRESS **1122 HEMLOCK CIRCLE**  
CITY-ST-ZIP **FT PIERCE FL 34947**

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

TITLE **VD** ☐ Delete  
NAME **FREDERICK, LEREL JR**  
STREET ADDRESS **PO BOX 661 N/A**  
CITY-ST-ZIP **FT PIERCE FL 34954-0661**

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

TITLE **SD** ☐ Delete  
NAME **ANDERSON, GILDA R**  
STREET ADDRESS **5805 NW 57TH AVE**  
CITY-ST-ZIP **TAMARIC FL 32738**

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

TITLE **TD** ☐ Delete  
NAME **SALTER, ELSIE**  
STREET ADDRESS **2801 BOOKER STREET**  
CITY-ST-ZIP **FT PIERCE FL 34947**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**FREDERICK, LEREL SR** **Apr. 21, 03**

CR2E037 (10/02)