

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90370 047 \*\*\*\*61.25

**DOCUMENT # N01000005357**

1. Entity Name  
**AGAPE COMMUNITY DEVELOPMENT CORP.**



Principal Place of Business  
**630 NE 40TH ST  
POMPANO BEACH FL 33064**

Mailing Address  
**630 NE 40TH ST  
POMPANO BEACH FL 33064**

**00014004**



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 **65-0122675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**MACK, DARNELL  
630 NE 40TH ST  
POMPANO BEACH FL 33064**

## 7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MACK, DARNELL</b>	
STREET ADDRESS	<b>630 NE 40TH ST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MACK, ELAINE</b>	
STREET ADDRESS	<b>630 NE 40TH ST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DENNIS, BETTY</b>	
STREET ADDRESS	<b>597 NE 40TH ST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, JENNIFER</b>	
STREET ADDRESS	<b>3821 NW 21 ST, APT 110</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOBLEY, SALLY</b>	
STREET ADDRESS	<b>1428 NW 6TH AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**RECEIVED**

**1-23-03 (954) 730-8775**

CR2E037 (10/02)