

06-09-2003 90114 013 *****78.50
N02000001735

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

DOCUMENT # N02000001735

1. Entity Name
AGAPE CHRISTAIN ACADEMY AND PRESCHOOL INC.



Principal Place of Business
2425 N. HAWASSEE RD.
ORLANDO FL 32818

Mailing Address
3038 GOLDENROCK DR.
ORLANDO FL 32818

FILED

03 OCT 23 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55050057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
08 27-0004392

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

BISHOP, RICHARD SR.
3038 GOLDENROCK DR.
ORLANDO FL 32818

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 of 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 reappointing)

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 P ☐ Delete
NAME BISHOP, RICHARD SR.
STREET ADDRESS 3038 GOLDENROCK DR.
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE V ☐ Delete
NAME BISHOP, INGRID
STREET ADDRESS 3038 GOLDENROCK DR.
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE T ☒ Delete
NAME BARNES, MICHAEL
STREET ADDRESS 7220 STEFFEY LANE
CITY-ST-ZIP ORLANDO FL 32818

TITLE S ☐ Change ☒ Addition
NAME MILLHOUSE, HOWARD
STREET ADDRESS 5102 PUEBLO ST.
CITY-ST-ZIP ORLANDO FL. 32818

TITLE ☒ Delete
NAME Butler, Tanya
STREET ADDRESS 5323 Regal Oak Drive
CITY-ST-ZIP Orlando, Florida 32810

TITLE D ☐ Change ☒ Addition
NAME Joel Keaton
STREET ADDRESS 2155 Lilly St.
CITY-ST-ZIP Orlando FL 32811

TITLE ☐ Delete
NAME Jacobs, Betty
STREET ADDRESS 1833 Attucks Ave.
CITY-ST-ZIP Orlando, Florida 32811

TITLE D ☐ Change ☐ Addition
NAME Jacobs, Betty
STREET ADDRESS 1833 Attucks Ave.
CITY-ST-ZIP Orlando FL 32811

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Daytime Phone #