

N04000009187

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AGAPE INTERNATIONAL CHRISTIAN CENTER, INC.

**DOCUMENT NUMBER:** N04000009187

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONNIE O. JORDAN

(Name of Contact Person)

AGAPE INTERNATIONAL CHRISTIAN CENTER, INC.

(Firm/ Company)

P.O. Box 3199

(Address)

APOLLO BEACH, FL 33572

(City/ State and Zip Code)

For further information concerning this matter, please call:

RONNIE O. JORDAN

(Name of Contact Person)

at ( 813 ) 506-2555

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

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(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TER, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 03/01/2007

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Ronnie O. Jordan  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

RONNIE O. JORDAN  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**