

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000003372

**FILED**  
**Apr 15, 2013**  
**Secretary of State**

**Entity Name:** AGAPE BELIEVERS CENTER, INC.

**Current Principal Place of Business:**

3704 IDA AVENUE, N.  
LEHIGH, FL 33971 US

**New Principal Place of Business:**

276 E HICKPOOCHE AVENUE  
LABELLE, FL 33976 US

**Current Mailing Address:**

3704 IDA AVENUE, N.  
LEHIGH, FL 33971 US

**New Mailing Address:**

1907 LONGFELLOW DRIVE  
N. FORT MYERS, FL 33904 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JAMES, ROBERT L  
6230 NW 18TH PLACE  
SUNRISE, FL USA US

**Name and Address of New Registered Agent:**

JAMES, ROBERT L  
1907 LONGFELLOW DRIVE  
N. FORT MYERS, FL 33903 US

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: ROBERT L. JAMES

04/15/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JAMES, PHD, ROBERT L PASTOR  
Address: 1907 LONGFELLOW DRIVE  
City-St-Zip: N. FORT MYERS, FL 33905 US

Title: D  
Name: JAMES, WILHELMINA SS  
Address: 1907 LONGFELLOW DRIVE  
City-St-Zip: N. FORT MYERS, FL 33903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L. JAMES, PHD

P

04/15/2013

Electronic Signature of Signing Officer or Director

Date