2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91161 032 ****70.00

DOCUMENT # N41302

1. Entity Name
Agape Academic Enrichment Center, Inc.

770869

Principal Place of Business	Mailing Address
245 N.W. 8th Street Miami, FL 33136	245 N.W. 8th Street Miami, FL 33136

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
245 N.W. 8th St. Suite, Apt. #, etc.	245 N. W. 8th St. Suite, Apt. #, etc.
City & State: Miami, FL 33136	City & State: Miami, FL 33136
Zip: 33136 Country: Miami-Dade	Zip: 33136 Country: Miami-Dade

4. FEI Number 65-200678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

White, John F.
3065 S. W. 189th Ave.
Miramar, FL 33029

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.

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	White, John F. 3065 S. W. 189th AVe. Miramar, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Godfrey, Alberta 1054 N.W. 38th Street Miami, FL 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Searcy, Fannye 840 N.W. 83rd Terrace Miami, FL 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Carter, Aubrey 1250 S.W. 19th Terrace Miamir, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Galvin, John 12150 N.W. 5th Ave. Miami, FL 33168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: John F White 5/4/2001 (305) 371-9102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #