

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91343 014 \*\*\*\*61.25

**DOCUMENT # N46408**

1. Entity Name

**AGAPE MINISTRIES OF COCOA BEACH, FLORIDA, INC.**

Principal Place of Business

**200 INTERNATIONAL DR  
 #407  
 CAPE CANAVERAL FL 32920**

Mailing Address

**200 INTERNATIONAL DR  
 #407  
 CAPE CANAVERAL FL 32920**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3102435**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**WELLMAN, SELLARD D J  
 840 S BANANA REPUBLIC DR  
 MERRITT ISLAND FL 32952**

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

*Pitstick DONALD -VPD.* *Donald Pitstick* *5-1-01*

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 **P** ☐ Delete  
 NAME **WELLMAN, SELLARD**  
 STREET ADDRESS **840 S. BANANA RIVER DR.**  
 CITY-ST-ZIP **MERRITT FL**

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

TITLE **VPD** ☐ Delete  
 NAME **PITSTICK, DONALD**  
 STREET ADDRESS **200 INTERNATIONAL DR., #407**  
 CITY-ST-ZIP **CAPE CANAVERAL FL**

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

TITLE **SD** ☐ Delete  
 NAME **WELLMAN, JOAN**  
 STREET ADDRESS **840 S. BANANA RIVER DR.**  
 CITY-ST-ZIP **MERRITT ISL FL**

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

TITLE **TD** ☐ Delete  
 NAME **PITSTICK, ANN**  
 STREET ADDRESS **200 INTERNATIONAL DR**  
 CITY-ST-ZIP **CAPE CANAVERAL FL**

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

TITLE **P** ☐ Delete  
 NAME **WELLMAN, SELLARD**  
 STREET ADDRESS **840 S. BANANA RIVER DR.**  
 CITY-ST-ZIP **MERRIT ISLAND FL 32952**

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

TITLE **VP** ☐ Delete  
 NAME **PITSTICK, DONALD**  
 STREET ADDRESS **200 INTERNATIONAL DR. #407**  
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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: *Donald Pitstick* *Donald Pitstick* *5-1-01* *321-784-3576*

CR2E037 (10/00)