

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48372

1. Entity Name

AGAPE CHRISTIAN TEMPLE, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90484 046 ****70.00

Principal Place of Business

80 W. 21ST STREET
SUITE 4
RIVIERA BEACH FL 33404
US

Mailing Address

P.O. BOX 10526
RIVIERA BEACH FL 33419-0526
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0345171

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, VICKEY M.
451 W. 30TH ST.
RIVIERA BEACH FL 33404

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

Vickey M Wright

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-01

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS TURNER, GLORIA
CITY-ST-ZIP 1600 W. 34TH STREET
RIVIERA BEACH FL 33404

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, DENISE
CITY-ST-ZIP 1623 WEST 37TH STREET
RIVIERA BEACH FL 33404

TITLE ☐ Delete
NAME SD
STREET ADDRESS POTTER, NATASHA K
CITY-ST-ZIP 4110 TANGLEWOOD S, APT. 347
PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME PCM
STREET ADDRESS WRIGHT, VICKEY M.
CITY-ST-ZIP 451 W 30TH ST.
RIVIERA BEACH FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS SAPP, ARTELA
CITY-ST-ZIP 3911 WINDSON AVENUE
WEST PALM BEACH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS DAVIS, ALBERT
CITY-ST-ZIP 2800 GEORGIA AVENUE, APT. #E-31
WEST PALM BEACH FL 33405

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS POTTER, NATASHA K
CITY-ST-ZIP 17345 BUSH RD. APT. D
JUPITER, FL 33458

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

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS Hugh Walsh
CITY-ST-ZIP 5704 N.W. 43rd Ave
Ft. Lauderdale, FL 33319

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:

Vickey M Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/01 541-863-0888

CR2E037 (10/00)