

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48434

1. Entity Name

AGAPE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90057 014 \*\*\*\*70.00

Principal Place of Business

1233 45TH STREET  
SUITE C-4  
WEST PALM BEACH FL 33407  
US

Mailing Address

1233 45TH STREET  
SUITE C-4  
WEST PALM BEACH FL 33407-2164  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0323866

Applied For

Not Applicable

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

JENKINS, EMMANUEL  
2549 WESTCHESTER DRIVE  
WEST PALM BEACH FL 33407

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 ☐ Delete  
NAME D  
STREET ADDRESS JENKINS, EMMANUEL  
CITY-ST-ZIP 2549 WESTCHESTER DRIVE  
WEST PALM BEACH FL 33407

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JENKINS, CLARITHA  
CITY-ST-ZIP 2549 WESTCHESTER DRIVE  
WEST PALM BEACH FL 33407

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GRIER, LAURA  
CITY-ST-ZIP 1166 HATTERS CIR.  
GREENACRES FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PITTS, CAROL  
CITY-ST-ZIP 1611 AVE H  
RIVIERA BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 651 Australian Circle  
CITY-ST-ZIP Lake Park, Florida 33403

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PITTS, ROGER  
CITY-ST-ZIP 1611 AVE H  
RIVIERA BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 651 Australian Circle  
CITY-ST-ZIP Lake Park, Florida 33403

TITLE ☐ Delete  
NAME D  
STREET ADDRESS POMPEY, SHARON  
CITY-ST-ZIP 401 EXECUTIVE CENTER DR., A107  
WEST PALM BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1500 North Congress Ave - #C-28  
CITY-ST-ZIP West Palm Beach, Florida 33401

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 *Emmanuel Jenkins* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2000

Date

(561) 881-9801

Daytime Phone #

CR2E037 (9/99)

Block 10 Addendum

D  
Gipson, Susan  
16874 Orange Boulevard  
Loxahatchee, Florida 33470

D  
Gipson, Benjamin  
16874 Orange Boulevard  
Loxahatchee, Florida 33470

D  
Smith, Janice  
4343 Australian Avenue  
West Palm Beach, Florida 33407

D  
Smith, Reginald  
4343 Australian Avenue  
West Palm Beach, Florida 33407

Attachment  
951 070  
#N4848P