

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 90371 039 ****70.00

0049843

DOCUMENT # N48434

1. Entity Name

AGAPE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

Principal Place of Business

Mailing Address

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

1233 45TH STREET
 SUITE C-4
 WEST PALM BEACH FL 33407
 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:
FEES 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 JENKINS, EMMANUEL**
 STREET ADDRESS **2549 WESTCHESTER DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☒ Addition
 NAME **Benjamin Gipson**
 STREET ADDRESS **16874 Orange Blvd**
 CITY-ST-ZIP **Loxahatchee, FL 33470-3350**

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

TITLE ☐ Change ☒ Addition
 NAME **D Susan Gipson**
 STREET ADDRESS **16874 Orange Blvd**
 CITY-ST-ZIP **Loxahatchee, FL 33470-3350**

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

TITLE ☐ Change ☒ Addition
 NAME **D Reginald Smith**
 STREET ADDRESS **4343 Australian Avenue**
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE ☐ Delete
 NAME **D PITTS, CAROL**
 STREET ADDRESS **651 AUSTRALIAN CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33403**

TITLE ☐ Change ☒ Addition
 NAME **D Janice Smith**
 STREET ADDRESS **4343 Australian Avenue**
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE ☐ Delete
 NAME **D PITTS, ROGER**
 STREET ADDRESS **651 AUSTRALIAN CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33403**

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

TITLE ☐ Delete
 NAME **D POMPEY, SHARON**
 STREET ADDRESS **1500 NORTH CONGRESS AVENUE C-28**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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:

SIGNATURE REQUIRED

105-01-01

Date Daytime Phone #

CR2E037 (10/00)