

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48434

1. Entity Name

AGAPE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

**FILED**  
May 24, 2002 8:00 am  
Secretary of State

05-24-2002 91317 028 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3345TH STREET  
SUITE C-4  
WEST PALM BEACH FL 33407

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: 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  
JENKINS, EMMANUEL  
STREET ADDRESS 2549 WESTCHESTER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Change ☒ Addition  
NAME Director  
NAME Smith, Janice  
STREET ADDRESS 4343 Australian Ave  
CITY-ST-ZIP West Palm Bch, Fl 33407

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

TITLE ☐ Change ☒ Addition  
NAME Director  
NAME Reginald Smith  
STREET ADDRESS 4343 Australian Ave  
CITY-ST-ZIP West Palm Bch, Fl 33407

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

TITLE ☐ Change ☒ Addition  
NAME Director  
NAME Gipson, Susan  
STREET ADDRESS 16874 Orange Blvd.  
CITY-ST-ZIP Loxahatchee, Fl 33470-335 0

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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  
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:

*Emmanuel Jenkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 2002 (561) 7381-9801

Date

Daytime Phone #

CR2E037 (9/01)