

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90006 022 \*\*\*\*70.00

**DOCUMENT # N48434**

1. Entity Name  
AGAPE CHRISTIAN FELLOWSHIP MINISTRIES, INC.



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 US



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

07062004 Chg-NP CR2E037 (10/03)

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**

JENKINS, EMMANUEL  
2549 WESTCHESTER DRIVE  
WEST PALM BEACH, FL 33407

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, EMMANUEL	
STREET ADDRESS	2549 WESTCHESTER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, CLARITHA	
STREET ADDRESS	2549 WESTCHESTER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIER, LAURA	
STREET ADDRESS	1166 HATTERS CIR.	
CITY-ST-ZIP	GREENACRES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, CAROL	
STREET ADDRESS	651 AUSTRALIAN CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33403	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, ROGER	
STREET ADDRESS	651 AUSTRALIAN CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33403	
TITLE	D	<input type="checkbox"/> Delete
NAME	POMPEY, SHARON	
STREET ADDRESS	1500 NORTH CONGRESS AVENUE C-28	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Grace	
STREET ADDRESS	4343 Australian Ave	
CITY-ST-ZIP	West Palm Beach, Fla 33407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ripson, Benjamin	
STREET ADDRESS	16874 Orange Blvd	
CITY-ST-ZIP	Loxahatchee, Fla 33470	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ripson, Susan	
STREET ADDRESS	16874 Orange Blvd	
CITY-ST-ZIP	Loxahatchee, Fla 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 (561) 881-9801  
Date Daytime Phone #