

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90252 001 ****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

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 ☒ X

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. 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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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

SIGNATURE REQUIRED

April 18, 2003 (561)881-9801

CR2E037 (10/02)