

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50434

1. Entity Name

AGAPE TEMPLE CHURCH, INC.

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90087 038 ****70.00

Principal Place of Business

Mailing Address

3810 W FAIRFIELD DR
PENSACOLA FL 32505
US

P.O. BOX 1564
PENSACOLA FL 32597

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3136309

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TISDALE, SYLVIA
6250 COLLEGE BLVD
PENSACOLA FL 32504

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 D ☐ Delete
NAME ABNEY, ROSA
STREET ADDRESS 4019 N 8 AVE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☒ Addition
NAME *Meraldine Williams D*
STREET ADDRESS *251 N C Street*
CITY-ST-ZIP *Pensacola FL 32501*

TITLE DV ☐ Delete
NAME TISDALE, SYLVIA
STREET ADDRESS 6250 COLLEGE BLVD
CITY-ST-ZIP PENSACOLA FL

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

TITLE DS ☐ Delete
NAME SNOW, JESSIE M
STREET ADDRESS 2700 W SCOTT
CITY-ST-ZIP PENSACOLA FL 32505

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

TITLE ☐ Delete
NAME *Meraldine Williams*
STREET ADDRESS *251 N C St*
CITY-ST-ZIP *Pensacola FL 32501*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sylvia Tisdale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (850) 478-8207
Date Daytime Phone #

CR2E037 (9/01)