

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000976

1. Entity Name

AGAPE CHRISTIAN MINISTRIES OF THE APOSTOLIC FAIT

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90028 002 ****61.25

Principal Place of Business

Mailing Address

810 SPRUCE ST
NEW SMYRNA BCH FL 32168
US

PO BOX 1504
NEW SMYRNA BCH FL 32170-1504
US

2. Principal Place of Business

3. Mailing Address

6030 Sanctuary Garden Blvd.
Suite, Apt. #, etc.

6030 Sanctuary Garden Blvd.
Suite, Apt. #, etc.

City & State
PORT ORANGE, FLORIDA

City & State
PORT ORANGE, FLORIDA

Zip
32124

Zip
32124

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, ARZY
810 SPRUCE ST.
NEW SMYRNA BEACH FL 32168

DP Rogers, Arzy
6030 Sanctuary Garden Blvd.
PORT ORANGE, FL 32124

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	DP	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, ARZY	
STREET ADDRESS	810 SPRUCE ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, MARTHA	
STREET ADDRESS	810 SPRUCE ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, HENRY L. SR.	
STREET ADDRESS	1100 MARY AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, CLAUDETTE H.	
STREET ADDRESS	1100 MARY AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogers, Arzy	
STREET ADDRESS	6030 Sanctuary Garden Blvd.	
CITY-ST-ZIP	PORT ORANGE, FLORIDA 32124	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogers, Martha	
STREET ADDRESS	6030 Sanctuary Garden Blvd.	
CITY-ST-ZIP	PORT ORANGE, FLORIDA 32124	
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: Arzy Rogers (Arzy Rogers) 2/29/2000 (904) 788-2144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)