

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90030-038-\$61.25-\$61.25

DOCUMENT # N93000005754

1. Entity Name

AGAPAO CHRISTIAN FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address

4911 N. 42ND ST.
TAMPA FL 33610

P.O. BOX 310614
TAMPA FL 33680-0614

FILED

00 SEP 27 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2401 EAST PALIFORX ST

2401 EAST PALIFORX ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3237036

Applied For

Not Applicable

Zip 33610

Country Hillsborough

Zip 33610

Country Hillsborough

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, THEODIS R
4911 NORTH 42ND ST.
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name CAMPBELL, THEODIS R

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

2401 EAST PALIFORX ST.

City TAMPA

FL

Zip Code 33610

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

TITLE D
NAME CAMPBELL, THEODIS R
STREET ADDRESS 4911 NORTH 42ND STREET
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE D
NAME WATKINS, DAVID R
STREET ADDRESS 1705 TARAH TRACE DR
CITY-ST-ZIP BRANDON FL 33510 ☒ Delete

TITLE STD
NAME BOOKER, SHEKETHA
STREET ADDRESS 3621 N 55TH ST
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE T
NAME WATKINS, VALENCIA
STREET ADDRESS 1705 TARAH TRACE DR
CITY-ST-ZIP BRANDON FL 33510 ☒ Delete

TITLE D
NAME Laquinda Campbell
STREET ADDRESS 2401 E Palifox St
CITY-ST-ZIP Tampa, FL 33610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

THEODIS R. CAMPBELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-00(83) 234 8486

Date

Daytime Phone #

CR2E037 (9/99)

KE