

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90329 004 ****61.25

DOCUMENT # N95000005125

1. Entity Name

AGAPE STREET MINISTRY INC.



Principal Place of Business

~~P.O. BOX 1332~~
~~HIGH SPRINGS FL 32643~~

Mailing Address

~~P.O. BOX 1332~~
~~HIGH SPRINGS FL 32643~~

2. Principal Place of Business

40 East Railroad St.

3. Mailing Address

P.O. Box 1332

Suite, Apt. #, etc.

Suite, Apt. #, etc.

High Springs, Fl.

High Springs, Fl.

City & State

City & State

High Springs, Fl.

High Springs, Fl.

Zip

Zip

Country

Country

32643

Alachua

32655

Alachua

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODSMARK, WAYNE

~~400 N.E. 5TH AVENUE~~
~~HIGH SPRINGS FL 32643~~

Route 22 Box 6040

Lake City, Fl. 32024

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
After September 10, 2003, min will be \$236.25

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	MDT	<input checked="" type="checkbox"/> Delete
NAME	THIBONAU, DONALD	
STREET ADDRESS	PO BOX 2352	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GODSMARK, WAYNE	
STREET ADDRESS	P.O. BOX 1332	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLEMONS, CHAD	
STREET ADDRESS	3800 S.W. 65 STREET	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	TE	<input type="checkbox"/> Delete
NAME	G...	
STREET ADDRESS	R...	
CITY-ST-ZIP	L...	
TITLE	TE	<input type="checkbox"/> Delete
NAME	R...	
STREET ADDRESS	R...	
CITY-ST-ZIP	L...	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Godsmark, Warren	
STREET ADDRESS	Route 3 Box 280	
CITY-ST-ZIP	Lake City, Fl. 32025	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Godsmark, Wayne	
STREET ADDRESS	Route 22-Box 6040	
CITY-ST-ZIP	Lake City, Fl. 32024	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Godsmark, Jean	
STREET ADDRESS	Route 3 Box 280	
CITY-ST-ZIP	Lake City, Fl. 32025	
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: Warren Godsmark July 9, 2003 (386)752-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)