

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90246 046 ****61.25

DOCUMENT # N96000001315

1. Entity Name

AGAPE YOUTH INTERVENTION CENTER, INC.

Principal Place of Business

Mailing Address

AGAPE YOUTH INTEV. CTR.
 1123 22ND ST. SO.
 ST. PETERSBURG FL 33712

AGAPE YOUTH INTEV. CTR.
 1123 22ND ST. SO.
 ST. PETERSBURG FL 33712-2256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

313 18TH AVE. N.S.

P.O. Box 11034

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FLA

City & State
ST. PETERSBURG, FL

4. EEI Number
59-3379504

Applied For
 Not Applicable

Zip
33705

Country
USA

Zip
33733-034

Country
USA

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

SYLVER, A. R
1920 BARCELONAWAY SO.
ST. PETERSBURG FL 33712

Name
DR. PATRICIA T. FULTON

Street Address (P.O. Box Number is Not Acceptable)
300 31st AVE. N. # 4

City
ST. PETERSBURG FL Zip Code
33704

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 *Patricia T. Fulton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 30, 2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	GREEN, WILMA	2151-26 ST. SO.	ST. PETERSBURG FL 33712	<input type="checkbox"/>
DP	SYLVER, ROY A	1920 BARCELONA WAY SO	ST. PETERSBURG FL	<input checked="" type="checkbox"/>
TS	RREYNOLDS, LAVERNE	934-UNION ST. SO.	ST. PETERSBURG FL 33712	<input checked="" type="checkbox"/>
TT	POLLARD, CHERYL	2720 4TH AVE. NO.	ST PETERSBURG FL 33713	<input checked="" type="checkbox"/>
TVP	MOHR, VINCENT	1920 BARCELONA WAY SO	ST PETERSBURG FL	<input checked="" type="checkbox"/>
DC	STAN CLAUSEN	1332 STEWART BLVD	CLEARWATER FL 33764	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
JP	JAMES KEESE	43 PINEWOOD CIRCLE	SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	PATRICIA T. FULTON	300 31st AVE. N. #4	ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	ERIC GREEN	1925 BEACH DR. SE, #2	ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	THOMAS JACKSON	775 28th AVE. S.	ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O	OSCAR WADLEY	1509 25th AVE. S.	ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 life empowered.

SIGNATURE: *Alejo R. Sylver* **ALEJO R. SYLVER** 1/5/99 727 322-2333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)