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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State
07-31-2001 90006 040 ****61.25

DOCUMENT # N96000001315

1. Entity Name

AGAPE YOUTH INTERVENTION CENTER, INC.

Principal Place of Business	Mailing Address
313 18TH AVENUE S. ST. PETERSBURG FL 33733-1034	P.O. BOX 11034 ST. PETERSBURG FL 33733-1034

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3379504 ☐ Applied For ☐ Not Applicable

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
WG FULTON, PATRICIA T 300 31ST AVE N #4 SAINT PETERSBURG FL 33704 Wilma Green 2151 26th Ave S. St. Pete Fl 33712	Name BRISTA ANDERSON W/G Street Address (P.O. Box Number Not Acceptable) PO BOX 56981 City ATLANTA GA 30343 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 Brista Anderson BRISTA ANDERSON 19 JULY 01

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 12, 2001, min. will be $236.25

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	T GREEN, WILMA 2151-26 ST. SO. ST. PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PRESIDENT GREEN, WILMA 2191 26TH AV SO ST. PETE, FL 33712
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KEESE, JAMES 43 PINEWOOD CIRCLE SAFETY HARBOR FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY AVA DEVEAUX 4725 34TH AVE NO #201 ST. PETE, FL. 33714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULTON, PATRICIA 300 31ST AVE N, #4 SAINT PETERSBURG FL 33704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GREEN, ERIC 1925 BEACH DR SE, #2 SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DIRECTOR GREEN, ERIC 1925 BEACH DR SE 2 ST. PETE, FL 33705
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JACKSON, THOMAS 775 28TH AVE S SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HADLEY, OSCAR 1509 25TH AVE S SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

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: [illegible] 19 JULY 01 (727) 8231172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #