

2000 UNIFORM BUSINESS REPORT (UBR)

0000704

DOCUMENT # N96000003868

1. Entity Name

AGAPE LOVE HEALING MINISTRIES, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 12 PM 4:19

Principal Place of Business

Mailing Address

1452 NW 44 ST
MIAMI FL 33142POST OFFICE BOX 42-1116
MIAMI FL 33242

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

65-0683381

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILKERSON, ZELENA	
STREET ADDRESS	1452 NW 44 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LEOLA	
STREET ADDRESS	6843 VAN GURDY RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITFIELD, ROSA	
STREET ADDRESS	1463 VAN BUREN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILKERSON, YASMAN	
STREET ADDRESS	1452 NORTHWEST 44 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CRAWFORD, CHARLES	
STREET ADDRESS	7750 N.W. 4TH AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	CH	<input type="checkbox"/> Delete
NAME	SANDERS, DORTHY	
STREET ADDRESS	11721 SW 185 TERR	
CITY-ST-ZIP	MIAMI FL 33177	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)