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

Mailing Address

1008 E. SAMPLE RD.

## DOCUMENT # N9600006392

1. Entity Name

1008 E. SAMPLE RD.

Principal Place of Business

AGAPE PRAISE AND WORSHIP COMMUNITY CHURCH, INC.



**FILED** Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90153 039 \*\*\*\*61.25

POMPANO BEACH FL 33064			POMPANO BEACH FL 33064										
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2. Principal P			3. Mailing Address	<u> </u>									
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Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHECK HERE IF MAKING CHANGES						
Pompano Beach - FL Pom			City & State	ity & State  pano Beach: FL			4. FEI Number 65-0714695 Applied For Not Applicable						
Zip 1	Zip Country Zip 33.069 · 33.0						5. Certificate of Status Desired   \$8.75 Additional Fee Required						
<u> </u>		and Address of Current F	Registered Agent	t			7. Name and Addre	ss of New Registere	•				
					Name								
TAX.HOU	SE.CORPO	ration			Street Address (P.O. Box Number is Not Acceptable)								
	EDERAL HV				Olicel Addi	1035 (1		. Acceptable)	•				
POMPANO	) beach f	L 330 <del>6</del> 4											
					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 a	nd title if applicable.	(NOTE: Registere	ed Agent signature re	equired w	rhen reinstating)	DAT	E '				
				•			<u> </u>						
	TI E NOW	EEE 10 404 05	9. Election	Campaign F	inancina		\$5.00 May Be	Make Che	eck Payable	to			
Trust Fund Control													
	•							•					
10.	55	OFFICERS AND DIR	ECTORS	11.			DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10			
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		BEACH FL 33064	•				ano Beach-		1				
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CITY-ST-ZIP	POMPANO	BEACH FL 33064		CITY	-ST-ZIP PO	ma	ino Beach	- FL - 3?	069				

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:

033103

954.973 4610