

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N97000002338**

1. Entity Name  
**AGAPE COUPLES MINISTRIES, INC.**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90101 042 \*\*\*\*61.25

Principal Place of Business  
**303 3RD ST W  
CARABELLE FL 32322**

Mailing Address  
**P O BOX 248  
CARRABELLE FL 32322-0248**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3455403**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BARKS, RONALD H  
303 3RD ST W  
CARABELLE FL 32322**

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 \$61.25**

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 **D** ☐ Delete  
NAME **BARKS, RONALD H REV**  
STREET ADDRESS **303 3RD ST W**  
CITY-ST-ZIP **CARABELLE FL 32322**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CURLEE, JIM**  
STREET ADDRESS **8 SAN MARCOS DRIVE**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **THURMOND, DUANE**  
STREET ADDRESS **168 OAK ST**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MORRIS, BRAD**  
STREET ADDRESS **10 DOGWOOD DR**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BARKS, WILMA**  
STREET ADDRESS **303 3RD ST W**  
CITY-ST-ZIP **CARABELLE FL 32322**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CURLEE, DIANE**  
STREET ADDRESS **8 SAN MARCOS DRIVE**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ 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:**

*Ronald H. Barks* **RONALD H. BARKS** 3-20-00 (850) 697-3595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)