

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002338

1. Entity Name

AGAPE COUPLES MINISTRIES, INC.

Principal Place of Business

303 3RD ST W
CARABELLE FL 32322

Mailing Address

P O BOX 248
CARRABELLE FL 32322-0248

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

59-3455403

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

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

5-17-01

800-697-3595

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90001 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)