

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90010 023 \*\*\*158.75

DOCUMENT # N 97000003003

1. Entity Name: **AGAPE OUTREACH PROGRAM S, INC.**

Principal Place of Business Mailing Address  
**4460 CULBREATH Rd. → SAME**  
**BROOKSVILLE, FL 34601**

2. Principal Place of Business 3. Mailing Address  
**4460 CULBREATH Rd. 4460 CULBREATH Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**BROOKSVILLE FL BROOKSVILLE FL**

Zip Country Zip Country  
**34601 USA 34601 USA**

4. FEI Number Applied For  
**20593448835** Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**JAMES F. MILLER**  
**4460 CULBREATH Rd.**  
**BROOKSVILLE, FL 34601**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **DIRECTOR, Reg Agent**  
 STREET ADDRESS **JAMES F. MILLER**  
 CITY-ST-ZIP **4460 CULBREATH Rd. BROOKSVILLE, FL 34601**

TITLE ☐ Delete  
 NAME **DIRECTOR**  
 STREET ADDRESS **DALE V. MILLER**  
 CITY-ST-ZIP **4460 CULBREATH Rd. BROOKSVILLE, FL 34601**

TITLE ☐ Delete  
 NAME **DIRECTOR**  
 STREET ADDRESS **STACIE A CLARKSON**  
 CITY-ST-ZIP **4460 CULBREATH Rd. BROOKSVILLE, FL 34601**

TITLE ☐ Delete  
 NAME **DIRECTOR**  
 STREET ADDRESS **JOHN LEWIS**  
 CITY-ST-ZIP **21362 HEATHER OAK DR APOPKA, FL 32710**

TITLE ☐ Delete  
 NAME **DIRECTOR**  
 STREET ADDRESS **KATHY LEWIS**  
 CITY-ST-ZIP **21362 HEATHER OAK DR APOPKA, FL 32710**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 no officer or director of the corporation or the receiver or trustee empowered to execute this report has changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James F. Miller** **James F. Miller** 05-25-01 352 2798100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (DIRECTOR) Date Daytime Phone #

CR2E034 (11/00)