

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90012 004 ****61.25

DOCUMENT # N97000003564

1. Entity Name

NORTHSIDE AGAPE' MINISTRIES, INC.

Principal Place of Business

Mailing Address

3790 45TH ST
 VERO BEACH FL 32967

3790 45TH ST
 VERO BEACH FL 32967-1777



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

59-3449353

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

BURSON, HENRY JR.
4545 38TH AVE
VERO BEACH FL 32967

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	DP	<input type="checkbox"/> Delete
NAME	BURSON, HENRY JR.	
STREET ADDRESS	4545 38TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BURSON, HALLICURTIS W	
STREET ADDRESS	4545 38TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROXTON, CLAYTON	
STREET ADDRESS	4530 57TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORBES, URIAS	
STREET ADDRESS	4205 23RD CT	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORTON, MARGARET	
STREET ADDRESS	4696 58TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE		<input type="checkbox"/> Delete

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, BRENDA	
STREET ADDRESS	4680 57th Ave	
CITY-ST-ZIP	VERO BEACH, FLA. 32967	

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/99)