

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004249

1. Entity Name

AGAPE COVENANT FELLOWSHIP, INC.

Principal Place of Business

2733 PEACHTREE DRIVE  
TALLAHASSEE FL 32304  
US

Mailing Address

P.O. BOX 4204  
TALLAHASSEE FL 32315-4204

2. Principal Place of Business

2606 FAVERSHAM DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

City & State

Zip

32303

Country

USA

Zip

Country

4. FEI Number

59-3459575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KASTNER, NANCY A  
2733 PEACHTREE DRIVE  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

PRINCE, LINDA J.

Street Address (P.O. Box Number is Not Acceptable)

2606 FAVERSHAM DRIVE

City

TALLAHASSEE

FL

Zip Code

32303

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

*Linda J. Prince*

LINDA J. PRINCE, SECRETARY

APRIL 9, 2001

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

TITLE PD  
NAME DICKEY, REBECCA D  
STREET ADDRESS 108 BANNERMAN RD  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE D  
NAME KASTNER, NANCY A  
STREET ADDRESS 2733 PEACHTREE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32304 ☒ Delete

TITLE D  
NAME WALDMANN, LOUIS F.  
STREET ADDRESS 580 WEST WASHINGTON ST  
CITY-ST-ZIP MONTICELLO FL 32344 ☒ Delete

TITLE TD  
NAME POGORZELSKI, DELIA H  
STREET ADDRESS 2453 LANRELL DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE SD  
NAME PRINCE, LINDA J  
STREET ADDRESS 2606 FAVERSHAM DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

*Linda J. Prince* LINDA J. PRINCE, SECRETARY 4-9-2001

850-410-7815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90315 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE