

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004249

1. Entity Name

AGAPE COVENANT FELLOWSHIP, INC.

Principal Place of Business

2606 FAVERSHAM DR
TALLAHASSEE FL 32303
US

Mailing Address

P.O. BOX 4204
TALLAHASSEE FL 32315-4204

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

59-3459575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRINCE, LINDA J
2606 FAVERSHAM DR
TALLAHASSEE FL 32303

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

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 ☐ Delete
STREET ADDRESS 108 BANNERMAN RD
CITY-ST-ZIP TALLAHASSEE FL 32312

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TD
NAME DICKEY, TRINA ☐ Change ☒ Addition
STREET ADDRESS 2711 ALLEN ROAD, APT. C11
CITY-ST-ZIP TALLAHASSEE, FL. 32312

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

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

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

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:

Linda J. Prince
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

850-410-8635

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE