

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90075 035 \*\*\*\*61.25

**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

**3471 North Monroe**

3. Mailing Address

**P.O. Box 4204**

Suite, Apt. #, etc.

**SUITE B**

Suite, Apt. #, etc.

City & State

**Tallahassee, Florida**

City & State

**Tallahassee, Florida**

Zip

**32303**

Country

**USA**

Zip

**32315-4204**

Country

**USA**

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)

**3471 No. Monroe Street Suite B**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda J. Prince*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-19-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **TD** ☐ Delete  
NAME **DICKEY, TRINA**  
STREET ADDRESS **2711 ALLEN ROAD APT C11**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SD** ☐ Delete  
NAME **PRINCE, LINDA J**  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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 *Rebecca D. Dickey*  
**Rebecca D. Dickey**

**3/23/03**

**850/487-8489**

CR2E037 (10/02)