

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005205

1. Entity Name

AGAPE CHRISTIAN LIFE CENTER, INC.

Principal Place of Business

7850 PINE FOREST RD.  
PENSACOLA FL 32514

Mailing Address

P.O. BOX 6241  
PENSACOLA FL 32503

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

59-3432966

Applied For  
Not Applicable

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

MOON, BARBARA  
604 PALM COURT  
PENSACOLA FL 32505

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

*Barbara Moon*  
BARBARA Moon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/23/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 D ☐ Delete  
NAME WILLIAMS, CAROL  
STREET ADDRESS 3342 WILLIAMSWOOD DR.  
CITY-ST-ZIP PACE FL 32571

TITLE D ☐ Delete  
NAME MOON, ALVIN H  
STREET ADDRESS 604 PALM CT.  
CITY-ST-ZIP PENSACOLA FL 32505

TITLE D ☐ Delete  
NAME MITCHELL, MICHAEL  
STREET ADDRESS 2570 PEARTREE DR.  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE P ☐ Delete  
NAME O'STEEN, HENRY  
STREET ADDRESS 2373 BROOKWOOD PLACE  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE ST ☐ Delete  
NAME MOON, BARBARA  
STREET ADDRESS 604 PALM CT  
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 4000035008 ☐ Addition  
NAME -12/14/00--01016--005  
STREET ADDRESS \*\*\*\*\*245.00 \*\*\*\*\*245.00  
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

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:

*Barbara Moon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00 850/444-9274  
Date Daytime Phone

0014975

CR2E037 (5/00)

KE

FILED  
00 NOV 30 PM 9:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

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