

2001 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

6. Name and Address of Current Registered Agent

MOON, BARBARA
604 PALM COURT
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MOON, BARBARA
604 PALM CT
PENSACOLA FL 32505 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP
Henry O'Steen ADDRESS
1101 Hwy. 196
Molino, FL 32577 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
James Beal, Sr.
5040 Huntsville Avenue
Pensacola, FL 32526 ☒ 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:

Barbara Moon, Secretary

7/9/01 850/516-5318

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90001 006 ****69.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)