

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90048 009 ****61.25

DOCUMENT # N97000005205

1. Entity Name

AGAPE CHRISTIAN LIFE CENTER, INC.

Principal Place of Business

Mailing Address

7850 PINE FOREST RD.
 PENSACOLA FL 32514

P.O. BOX 6241
 PENSACOLA FL 32503

2. Principal Place of Business

9900 N. Davis Hwy.

3. Mailing Address

P.O. Box 7081

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola FL

4. FEI Number

59-3432966

Applied For

Not Applicable

Zip

32514

Country

Escambia

Zip

32534

Country

Escambia

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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 **Renee G. Lollie**
 Street Address (P.O. Box Number is Not Acceptable)
1030 Muscogee Rd.

City **Cartonment** FL Zip Code **32533**

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 **Renee G. Lollie, Secretary**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 23, 2002
 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 **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 **P** ☒ Delete
 NAME **O'STEEN, HENRY**
 STREET ADDRESS **1101 HWY 196**
 CITY-ST-ZIP **MOLINO FL 32577**

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

TITLE **D** ☐ Delete
 NAME **BEAL, JAMES SR**
 STREET ADDRESS **5040 HUNTSVILLE AVE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Reed, Arthur V. D** ☐ Change ☒ Addition
 NAME **Reed, Arthur V.**
 STREET ADDRESS **2152 Atwood Dr.**
 CITY-ST-ZIP **Pensacola, FL 32514**

TITLE **DC** ☐ Change ☒ Addition
 NAME **Gallant, Sharon**
 STREET ADDRESS **3783 Mackey Cove**
 CITY-ST-ZIP **Pensacola, FL 32514**

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

TITLE **SP** ☐ Change ☒ Addition
 NAME **Lollie, Renee**
 STREET ADDRESS **1030 Muscogee Rd.**
 CITY-ST-ZIP **Cartonment, FL 32533**

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

TITLE **T** ☐ Change ☒ Addition
 NAME **Cynthia Watson**
 STREET ADDRESS **6689 Westnot St.**
 CITY-ST-ZIP **Pensacola, FL 32503**

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 lines empowered.

SIGNATURE: **Henry O'Brien**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
 Date

(850) 587-4053
 Daytime Phone #

CR2E037 (9/01)