

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90167 036 ****61.25

DOCUMENT # N97000005205

1. Entity Name

AGAPE CHRISTIAN LIFE CENTER, INC.



Principal Place of Business

9900 N. DAVIS HWY.
PENSACOLA FL 32514

Mailing Address

P.O. BOX 7081
PENSACOLA FL 32534

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LOLLIE, RENEE G
1030 MUSCOGEE RD.
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name
CYNTHIA G. WATSON
Street Address (P.O. Box Number is Not Acceptable)
6688 WESTMONT STREET

City **PENSACOLA** FL Zip Code **32503**

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 **CYNTHIA G. WATSON SEC/TREAS.**

Cynthia G. Watson

7/10/03

(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
After September 10, 2003, min will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	REED, ARTHUR	
STREET ADDRESS	2152 ATWOOD DR.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	GALLANT, SHARON	
STREET ADDRESS	3783 MACKEY COVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	O'STEEN, HENRY	
STREET ADDRESS	1101 HWY 196	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LOLLIE, RENEE	
STREET ADDRESS	1030 MUSCOGEE RD.	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAL, JAMES SR	
STREET ADDRESS	5040 HUNTSVILLE AVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	T	<input type="checkbox"/> Delete
NAME	WATSON, CYNTHIA	
STREET ADDRESS	6688 WESTNT ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD W. WATSON	
STREET ADDRESS	6688 WESTMONT ST.	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD L. WILLIST II	
STREET ADDRESS	6622-A FRANK REEDER ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY BIGELOW	
STREET ADDRESS	3516 ASHMORE LANE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHRYN E. TAYLOR	
STREET ADDRESS	4784 OAKLAND DR.	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE R. MCKIVEN	
STREET ADDRESS	5635 DERBY DR.	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA G. WATSON	
STREET ADDRESS	6688 WESTMONT 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 like empowered.

SIGNATURE: **CYNTHIA G. WATSON**

7/10/03

(850)484-3571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)