2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # N9800000706 1. Entity Name GOLD-WILL AGAPE MINISTRIES, INC. 04-02-2001 90043 041 ****61.25 Principal Place of Business Mailing Address 2614 LARMIE STREET 2614 LARMIE STREET FORT MYERS FL 33916 FORT MYERS FL 33916 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0860853 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ercsa Street Address (P.O. Box Number is Not Acceptable) COPELAND, BERNITHA unere 2322 9TH AVE. EAST PALMETTO FL 33561 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. -26-20 SIGNATURE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change X Addition TITLE TITLE Delete MOORE, MARY W NAME NAME 2614 LARMIE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-ZIP מ ☐ Change **Addition** ☐ Delete TITLE TITLE MOORE, PARIS NAME NAME 2614 LARMIE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 CITY+ST-7IP Delete TITLE ☐ Addition TITLE STURGESS, BETTY G NAME NAME STREET ADDRESS 2614 LARMIE STREET STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE STURGESS, WILLIE J SR NAME 2614 LARMIE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-ZIP Delete TITLE ☐ Change . ☐ Addition WILLIAMS, THERESA NAME NAME 3022 BURCHE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 32324 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

3-26-2001 941-337 4420