

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006457**

1. Entity Name

AGAPE COMMUNITY HEALTH CORPORATION**FILED**
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90028 044 ****70.00

A0074465

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**22980 LYNX COURT
SORRENTO FL 32776****PO BOX 433
SORRENTO FL 32776**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3615490

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILSON, PATRICIA
22980 LYNX COURT
SORRENTO FL 32776**

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**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 ☐ Delete
NAME **D WILSON, AYANNA**
STREET ADDRESS **22980 LYNX COURT**
CITY-ST-ZIP **SORRENTO FL 32776**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D MITCHELL, RONALD**
STREET ADDRESS **5919 TINTO LANE**
CITY-ST-ZIP **ORLANDO FL 32822**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **D ANDERSON, JOHNNY-MAE**
STREET ADDRESS **2490 CENTRAL ST**
CITY-ST-ZIP **OCFEE FL 34787**TITLE ☐ Change ☒ Addition
NAME **Emilyn Mark**
STREET ADDRESS **32709 Wolf's Trail**
CITY-ST-ZIP **Sorrento FL 32776**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)