

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006457

1. Entity Name

AGAPE COMMUNITY HEALTH CORPORATION

Principal Place of Business

22980 LYNX COURT  
SORRENTO FL 32776

Mailing Address

PO BOX 433  
SORRENTO FL 32776

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

22-3615490

Applied For

Not Applicable

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

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	<input type="checkbox"/> Delete
NAME	WILSON, AYANNA	
STREET ADDRESS	22980 LYNX COURT	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, RONALD	
STREET ADDRESS	5919 TINTO LANE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMILYN, MARK	
STREET ADDRESS	32709 WOLF'S TRAIL	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ayanna Wilson*

Ayanna Wilson 8/4/2001

352-385  
3905

FILED  
Aug 15, 2001 8:00 am  
Secretary of State

08-15-2001 90006 008 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

C-141

CR2E037 (10/00)