

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007396

1. Entity Name

PAROLYN DAVIDSON MINISTRIES OF AGAPE LOVE, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90730 009 ****61.25

Principal Place of Business

1073 WILSON STREET
MOORE HAVEN FL 33471-0484

Mailing Address

P.O. BOX 484
MOORE HAVEN FL 33471-0484

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0895575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, JAMES W SR
1073 WILSON STREET
MOORE HAVEN FL 33471-0484

7. Name and Address of New Registered Agent

Name Davidson, Parolyn M.

Street Address (P.O. Box Number is Not Acceptable)

1073 Wilson Street N.W.

City

Moore Haven

FL

Zip Code

33471

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

Parolyn M. Davidson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/02

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 **P** ☒ Delete
NAME **DAVIDSON, JAMES W SR**
STREET ADDRESS **1073 WILSON STREET N.W.**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **VP** ☒ Delete
NAME **DAVIDSON, PAROLYN M**
STREET ADDRESS **1073 WILSON STREET N.W.**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **S** ☒ Delete
NAME **DAVIDSON, FRANCIS J**
STREET ADDRESS **72 SAINT LO ROAD**
CITY-ST-ZIP **FT. LEE VA 23801**

TITLE **D** ☒ Delete
NAME **GILKES, EVELYN M**
STREET ADDRESS **740 8TH ST**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **D** ☐ Delete
NAME **BROWN, ANNIE M**
STREET ADDRESS **410 ORCHARD AVE**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **D** ☐ Delete
NAME **OKALI, VERNA B**
STREET ADDRESS **324 BOSTON AVE #2R**
CITY-ST-ZIP **MEDFORD MA 02155-5310**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Davidson, Parolyn M.**
STREET ADDRESS **1073 Wilson St. N.W.**
CITY-ST-ZIP **Moore Haven, FL 33471-0484**

TITLE **D** ☒ Change ☐ Addition
NAME **Davidson, James W. Sr**
STREET ADDRESS **1073 Wilson St. N.W.**
CITY-ST-ZIP **Moore Haven, FL 33471-0484**

TITLE **D** ☐ Change ☒ Addition
NAME **Davidson, Michael**
STREET ADDRESS **P.O. Box 484**
CITY-ST-ZIP **Moore Haven, FL 33471**

TITLE **D** ☐ Change ☒ Addition
NAME **Calloway, Larry**
STREET ADDRESS **1235 Louisiana Avenue**
CITY-ST-ZIP **Clewiston, FL 33440**

TITLE **S/T** ☒ Change ☐ Addition
NAME **Brown, Annie M.**
STREET ADDRESS **410 Orchard Ave.**
CITY-ST-ZIP **Moore Haven, FL 33471**

TITLE **D** ☐ Change ☒ Addition
NAME **Ford, Mazie**
STREET ADDRESS **947 William Tobias Ave**
CITY-ST-ZIP **P.O. Box 652 Moore Haven, FL 33471**

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: *Parolyn M. Davidson*

Parolyn M. Davidson

3/20/02

Date

813-946-0737
813-946-1935

Daytime Phone #

CR2E037 (9/01)

0076313