

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003897

1. Entity Name

AGAPE FAMILY COMMUNITY CHURCH, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90094 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1531 N. LIBERTY STREET  
JACKSONVILLE FL 32206

1531 N. LIBERTY STREET  
JACKSONVILLE FL 32206-4646

2. Principal Place of Business

3. Mailing Address

1531 N. LIBERTY ST.  
Suite, Apt. #, etc. N/A

1531 N. LIBERTY ST.  
Suite, Apt. #, etc. N/A



DO NOT WRITE IN THIS SPACE

|                                   |                    |                                   |                    |   |                                |
|-----------------------------------|--------------------|-----------------------------------|--------------------|---|--------------------------------|
| City & State<br>JACKSONVILLE FLA. |                    | City & State<br>JACKSONVILLE FLA. |                    | 4. FEI Number<br>59-3599546                               | Applied For<br>Not Applicable  |
| Zip<br>32206                      | Country<br>AMERICA | Zip<br>32206                      | Country<br>AMERICA | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>CONYERS, HELEN<br>1531 N. LIBERTY STREET<br>JACKSONVILLE FL 32206 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CONYERS, HELEN<br>1531 N. LIBERTY STREET<br>JACKSONVILLE FL 32206 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JENNINGS, MARBANEAN<br>1225 30TH STREET<br>JACKSONVILLE FL 32206 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COX, ANNETTE<br>1701 LAKESHORE BOULEVARD, #170<br>JACKSONVILLE FL 32206 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COX, HILLANCY I<br>1225 E. 30TH STREET<br>JACKSONVILLE FL 32206 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>JEFFERSON ROBERTS<br>1531 N. LIBERTY ST.<br>JACKSONVILLE FL 32206 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JENNINGS, TWANRA WARNER<br>1531 N. LIBERTY STREET<br>JACKSONVILLE FL 32206 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>RENEKA JENNINGS<br>1531 N. LIBERTY ST.<br>JACKSONVILLE FL 32206   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JENNINGS, BREON<br>1531 N. LIBERTY STREET<br>JACKSONVILLE FL 32206 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: HELEN CONYERS 4/13/00 904-355-0838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)