

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90321 042 ****61.25

DOCUMENT # N99000003897

1. Entity Name

AGAPE FAMILY COMMUNITY CHURCH, INC.

Principal Place of Business

1531 N. LIBERTY STREET
 JACKSONVILLE FL 32206
 US

Mailing Address

1531 N. LIBERTY STREET
 JACKSONVILLE FL 32206
 US

2. Principal Place of Business

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

3. Mailing Address

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

City & State

JACKSONVILLE, Florida

City & State

JACKSONVILLE, FLA.

4. FEI Number

59-3599546

Applied For

Not Applicable

Zip

32206

Country

Zip

32206

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONYERS, HELEN
 1531 N. LIBERTY STREET
 JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

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 HELEN CONYERS
 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	CONYERS, HELEN	
STREET ADDRESS	1531 N. LIBERTY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, MARBANEAN	
STREET ADDRESS	1225 30TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOX, ANNETTE	
STREET ADDRESS	1701 LAKESHORE BOULEVARD, #170	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERSON, ROBERTS	
STREET ADDRESS	1531 N LIBERTY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENEIKA, JENNINGS	
STREET ADDRESS	1531 N. LIBERTY STREET 1451 FLAGLER AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32206 JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENNINGS, BREON	
STREET ADDRESS	1531 N. LIBERTY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

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	Ruth Williams	
STREET ADDRESS	2150 Emerson St. #112	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronda Smith	
STREET ADDRESS	1817 LAKEWOOD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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		
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: HELEN CONYERS 3/1/01 904-355-0838
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)