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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State
06-03-2002 91195 019 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000003897

1. Entity Name

AGAPE FAMILY COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
1531 N LIBERTY ST. JACKSONVILLE FL 32206 US	1531 N LIBERTY ST. JACKSONVILLE FL 32206 US

2. Principal Place of Business	3. Mailing Address
1531 N. Liberty St.	1531 N. Liberty St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax. Florida	City & State: Jax. Florida
Zip: 32206 Country: America	Zip: 32206 Country: America

4. FEI Number: 59-3599546 ☐ 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
~~CONYERS, HELEN~~ Annette C. COX ~~1531 N. LIBERTY STREET~~ 1225 E. 30th St. ~~JACKSONVILLE FL 32206~~ Jax. FLA. 32206	Name: AGAPE Family Community Church Street Address (P.O. Box Number is Not Acceptable): 1531 N. Liberty St. City: Jacksonville FL Zip Code: 32206

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Helen Conyers Annette C. Cox 8/8/02 8/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONYERS, HELEN 1531 N. LIBERTY STREET JACKSONVILLE FL 32206	☐ Delete	~~PRESIDENT~~ ~~HELEN CONYERS~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, RUTH 2150 EMERSON ST. # 112 JACKSONVILLE FL 32211	☑ Delete	D Vice President ~~Annette Cox~~ Williams, Ruth 1225 E. 30th St. 2150 Emerson St. # 112 Jax. FLA. 32206 Jax. FLA. 32211	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, RONDA 1817 LAKEWOOD ROAD JACKSONVILLE FL 32207	☑ Delete	D Treasurer RENEKA JENNINGS 1451 FLAGLER AVE Jax. FLA.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFERSON, ROBERTS 1531 N LIBERTY ST JACKSONVILLE FL 32206	☑ Delete	Secretary Toyelle Cox 1225 E. 30th St. Jax. FLA. 32206	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENEIKA, JENNINGS 1451 FLAGLER AVENUE JACKSONVILLE FL 32207	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENNINGS, BREON 1531 N. LIBERTY STREET JACKSONVILLE FL 32206	☑ Delete		☐ Change ☐ Addition

CR2E037 (4/02)

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~~ Helen Conyers 8/1/02 904-355-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #