

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90241 038 ****61.25

DOCUMENT # N99000003897

1. Entity Name

AGAPE FAMILY COMMUNITY CHURCH, INC.



Principal Place of Business

1531 N LIBERTY ST.
JACKSONVILLE FL 32206
US

Mailing Address

1531 N LIBERTY ST.
JACKSONVILLE FL 32206
US

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

59-3599546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, ANNETTE C
1225 E 30TH ST
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name: HILLANCY I. COX
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 Hillancy I. Cox
Signature, typed or printed name of registered agent and title if applicable.

HILLANCY I. COX
(NOTE: Registered Agent signature required when reinstating)

4/20/04
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONYERS, HELEN 1531 N. LIBERTY STREET JACKSONVILLE FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KING, BERTRAM 157 E. 8TH ST, #105 JACKSONVILLE FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JACKSON, RENAY 1451 FLAGLER AVE JACKSONVILLE FL 32206	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DUNSON, GEORGE 230 E. FIRST ST, # JACKSONVILLE FL 32206	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENEIKA, JENNINGS 1451 FLAGLER AVENUE JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENNINGS, BREON 1531 N. LIBERTY STREET JACKSONVILLE FL 32206	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

GEORGE DUNSON
230 E. First St. #1002
Jax, FLA. 32206
Christine Kennedy
725 E. 60th St.
Jax, FLA. 32208

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 I. Conyers HELEN CONYERS 4/20/04 355-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #