

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90033 049 \*\*\*\*61.25

**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

50005431



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3599546

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~COX, ANNETTE C  
1531 N LIBERTY ST.  
JACKSONVILLE FL 32206~~

Name Bertram King

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

157 E. 8th St. #105

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 Bertram King

Bertram King

1/25/05

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CONYERS, HELEN	
STREET ADDRESS	1531 N. LIBERTY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VPR	<input type="checkbox"/> Delete
NAME	KING, BERTRAM	
STREET ADDRESS	157 E. 8TH ST., #105	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUNSON, GEORGE	
STREET ADDRESS	230 E FIRST ST., #1002	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNEDY, CHRISTINE	
STREET ADDRESS	725 E 60TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RENEIKA, JENNINGS	
STREET ADDRESS	1451 FLAGLER AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, BREON	
STREET ADDRESS	1531 N. LIBERTY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE DUNSON	
STREET ADDRESS	230 E. First St. #1002	
CITY-ST-ZIP	Jax, FLA. 32206	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLANCY I COX	
STREET ADDRESS	1531 N. Liberty St.	
CITY-ST-ZIP	Jax, FLA. 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREON JENNINGS	
STREET ADDRESS	1531 N. Liberty St.	
CITY-ST-ZIP	Jax, FLA. 32206	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID KENNEDY	
STREET ADDRESS	725 E. 60th St.	
CITY-ST-ZIP	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 Conyers HELEN CONYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 904 355-0838

Date

Daytime Phone #