

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90016 028 ****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 - No P.O. Box # 1143 E. Claudia Spencer St.			3. Mailing Address 1531 N. Liberty St.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State JACKSONVILLE, Florida		City & State Jax, FLA. 322		4. FEI Number 59-3599546	
Zip 32206		Country AMERICA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, BERTRAM 157 EAST 8TH STREET #105 JACKSONVILLE FL 32206			7. Name and Address of New Registered Agent Name Bertram King Street Address (P.O. Box Number is Not Acceptable) 3543 Mainland Street City JACKSONVILLE FL 32209		
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 Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE Bertram King (NOTE: Registered Agent signature is required when registering)		DATE 3/23/08	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008			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 NAME STREET ADDRESS CITY-ST-ZIP	D CONYERS, HELEN 1531 N. LIBERTY STREET JACKSONVILLE FL 32206	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, JURONDA 1225 EAST 30TH ST JACKSONVILLE FL 32206	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Juronda Thompson 8405 PAUL JONES Dr Jax FLA. 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COX, HILLANCY I 1531 NORTH LIBERTY STREET JACKSONVILLE FL 32206	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, CHRISTINE 725 E 60TH ST. JACKSONVILLE FL 32208	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry Morrison 809 Bulls Bay Hwy Jax, FLA. 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, DAVID 725 EAST 60TH STREET JACKSONVILLE FL 32208	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMMONS, ELAINE 230 EAST 1ST ST JACKSONVILLE FL 32206	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Freddie Rhodes 7250 Eudine Dr. North Jax, FLA. 32210

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Cony** **3/23/08** **355-0838**