

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90100 020 *****61.25

DOCUMENT # N99000005970

1. Entity Name

AGAPE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

6900 SILVER STAR RD
 STE 112
 ORLANDO FL 32818

Mailing Address

P.O. BOX 681237
 ORLANDO FL 32868

2. Principal Place of Business

6900 Silver Star Rd

3. Mailing Address

PO Box 681237

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32818

Country

USA

Zip

32818

Country

USA

6. Name and Address of Current Registered Agent

DUNSTON, REGINALD E
 7036 HIAWASSEE OAK DR.
 ORLANDO FL 32818

4. FEI Number

59-3599454

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-00

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 PD
 NAME DUNSTON, REGINALD E
 STREET ADDRESS 7036 HIAWASSEE OAK DR.
 CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE DV
 NAME DUNSTON, VICTORIA L
 STREET ADDRESS 7036 HIAWASSEE OAK DR.
 CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE ST
 NAME OGDEN, SEDERIA
 STREET ADDRESS 1051 LEE ROAD, APT. 33B
 CITY-ST-ZIP WINTER PARK FL 32810 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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: REGINALD E DUNSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 407 295-7972

Date Daytime Phone #

0028453

CR2E037 (10/00)