

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91194 008 \*\*\*\*61.25

**DOCUMENT # N99000005970**

1. Entity Name

**AGAPE MINISTRIES INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

9600 SILVER STAR RD  
 STE 112  
 ORLANDO FL 32818  
 US

PO BOX 681237  
 ORLANDO FL 32818  
 US

2. Principal Place of Business

3. Mailing Address

6249 Old Winter Gdn. Rd. PO Box 681237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Orlando, FL

Zip

Country

Zip

Country

32835

ORange

32868

USA

6. Name and Address of Current Registered Agent

4. FEI Number

NOT APPLICABLE

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]*

Reginald E. Dunston (Pres.)

5-28-02

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE Secretary  
 NAME Kimberly Revis  
 STREET ADDRESS 1426 Cape Cove Blvd.  
 CITY-ST-ZIP Orlando, FL 32808 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-02

(407) 295-7972

Date

Daytime Phone #

CR2E037 (9/01)