

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006225

1. Entity Name

AGAPE' CHILDRENS HOME, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

08-24-2000 90033 042 ****61.25

Principal Place of Business

Mailing Address

2885 E NORTH STREET
 INVERNESS FL 34453

2885 E NORTH STREET
 INVERNESS FL 34453

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

59-3609723

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

HILL, BARBARA S
 2885 E NORTH STREET
 INVERNESS FL 34453

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, 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

After September 13, 2000 min. will be \$236.25

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 PSTC ☐ Delete
 NAME HILL, BARBARA S
 STREET ADDRESS 2885 E NORTH STREET
 CITY-ST-ZIP INVERNESS FL 34453

TITLE ☐ Change ☒ Addition
 NAME MARY ANN LOBOYA
 STREET ADDRESS 9791 S PARKSIDE
 CITY-ST-ZIP FLORAL CITY FL 34436

TITLE D ☐ Delete
 NAME HILL, BARBARA S
 STREET ADDRESS 2885 E NORTH STREET
 CITY-ST-ZIP INVERNESS FL 34453

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

TITLE VD ☐ Delete
 NAME HILL, JUNIOR W
 STREET ADDRESS 2885 E NORTH STREET
 CITY-ST-ZIP INVERNESS FL 34453

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

TITLE D ☒ Delete
 NAME MELTON, CELENE
 STREET ADDRESS 4305 N. LINCOLN AVE.
 CITY-ST-ZIP BEVERLY HILLS FL 34465

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Barbara Hill*

SIGNATURE REQUIRED

8-22-00

352-860-0967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #