

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723358 (8)

1. Corporation Name

AGAPE - LIFE, INC.



Principal Place of Business

Mailing Address

548 WHITCOMB BLVD  
TARPON SPRINGS FL 34689  
US

548 WHITCOMB BLVD  
TARPON SPRINGS FL 34689  
US

3. Date Incorporated or Qualified  
05/08/1972

3a. Date of Last Report  
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number  
59-1410586

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TECHTON, JOHN K.  
548 WHITCOMB BLVD  
TARPON SPRINGS FL 34689

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME PATERNITI, FRANKIE  
STREET ADDRESS 5440 PALMETTO ST.  
CITY-STATE-ZIP FT. MYERS BCH. FL ☐ DELETE

TITLE PTD  
NAME TECHTON, JOHN K  
STREET ADDRESS 548 WHITCOMB BLVD  
CITY-STATE-ZIP TARPON SPRINGS FL ☐ DELETE

TITLE D  
NAME CLAAR, ALICE  
STREET ADDRESS 1741 25TH AVE N  
CITY-STATE-ZIP ST PETERSBURG FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John K. Tecton*

JOHN K. TECHTON

6-26-96 (813) 937-4207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/96)