## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO06

(3)

AGAPE FAITH CENTER MINISTRIES, INCORPORATED

FILED Feb 05 1998 8:00am Secretary of State

a (Balifia) die baier Bales dere bater tale dere bedet bider beder deter beder beder inder

Principal Place of Business Mailing Address									e conceste die daier nacita Gilis (dain if	111 BEDIT BIBTE <b>FIRT</b> I	WEBLI ALI	tis <b>ālēji (āb</b> i	
936 NW 31ST AVE GAINESVILLE FL 32601 US				P. O BOX 2507 Gainesville FL 32801-8173				Ì	3. Date Incorporated or Qualified 12/30/1983				
••									4. FEI Number		Ap	plied For	
A D2-21-45	the second Physics			100 Mallion Address					59-2232978			t Applicable	
2. Principal Place of Business 21				2a. Mailing Address 26					5. Certificate of Status Desired		.75 A	Additional equired	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
City & State				City & State					7. Is this nonprofit corporation a homeowners association?  Yes X No				
Zip		Country		Zip		Country	_		8. This corporation owes or has paid	d the current y			
24 25			29	<del></del>					Personal Property Tax due June 30.  Yes X No				
9. Name and Address of Current Registered Agent									10. Name and Address of New Rec	istered Agent	<del></del>		
THOMAS BONALD							Nam						
THOMAS, RONALD 11835 S.W. 8TH AVE.							Stree	et Addres	s (P.O. Box Number is Not Acceptabl	e)			
	VILLE FL 3					83							
										···· 1			
						84	City			FL  85	Zip C	700e	
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.												registered registered	
SIGNATURE													
	Signature, typed	or printed name of registered			(NOTE:		int signati	ure required	when reinstating)	DATE			
12.	PD	OFFICERS	AND DIREC		ELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE		S IN 12 Addition	
NAME		G IAMOR 2		اليا	/CLC16	1.1 TITLE		ŀ		ں ب	sange	L.J. Addition	
NAME THOMAS, RONALD STREET ADDRESS 11835 SW 8TH AVENU			1.2 NAME				2010004						
CITY-ST-ZIP		VILLE FL				1.4 CITY-S		3					
TITLE	TD				ELETÉ	2.1 TITLE	* - ER	<del> </del>		□ CI	nange	Addition	
NAME	LONG, E	BEATRICE K				2.2 NAME				_ <del></del>	•		
STREET ADDRESS	1534 S.I	E. 12TH AVE.				2.3 STREET	ADDRESS	s					
CITY-ST-ZIP	GAINES!	VILL <b>e f</b> l				2. 4 CHY-9	ST-ZIP						
TITLE	\$D				ELETE	3.1 TITLE				CI	nange	Addition	
NAME		S, MARVENELLE				3.2 NAME		ļ				,	
STREET ADDRESS		W 8TH AVENUE				3.3 STREET	address	S					
CITY-ST-ZIP	GAINES	VILLE FL			ATI EVE	3.4. CITY - S	T-ZIP	<u> </u>	<u></u>				
TITLE				Ц	DEL <b>ete</b>	4.1 TITLE				L Cr	ange	Addition	
NAME						4. 2 NAME		j i					
STREET ADDRESS						4.3 STREET		S					
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	ELETE	4.4 CITY-S	T-ZIP	<del></del>			h2000	Addition	
TITLE				<u>.                                    </u>	CLLIE	5.1 TITLE		}		L. 0	IGHY	L. MUUIIUUI	
NAME ethert annates						5.2 NAME	ADDRESS						
STREET ADORESS						5.3 STREET		<b>°</b>					
CITY-ST-ZIP TITLE	<u></u>		·····	Пг	ELETE	5.4 CITY-S 6.1 TITLE	1 - ZIF			Cr	nance	☐ Addition	
NAME						6.2 NAME				۱۰ ت	-engle		
STREET ADDRESS						6.3 STREET	AUUBree						
CITY OT JID						0.3 SINCE		´					

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 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.