2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004
Secretary of State

DOCUMENT# N03000006004

Entity Name: AGAPE ARMS OF MERCY MEDICAL CENTER AND SOCIAL SERVICES INC.

Current Principal Place of Business:

2425 N. HIAWASSEE RD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

3038 GOLDENROCK DR.
ORLANDO, FL 32818

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BISHOP, RICHARD SR.
3038 GOLDENROCK DR.
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BISHOP, RICHARD SR.
Address: 3038 GOLDENROCK DR.
City-St-Zip: ORLANDO, FL 32818 US

Title: VP ( ) Delete
Name: BISHOP, INGRID
Address: 3038 GOLDENROCK DR.
City-St-Zip: ORLANDO, FL 32818 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGRID BISHOP VP 08/18/2004

Electronic Signature of Signing Officer or Director Date