

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006004

FILED  
Apr 28, 2008  
Secretary of State

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:**

8203 PALAZZO COURT  
ORLANDO, FL 32836

**New Mailing Address:**

FEI Number: 37-1484646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BISHOP, RICHARD P  
8203 PALAZZO COURT  
ORLANDO, FL 32836      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  
Address: 8203 PALAZZO COURT  
City-St-Zip: ORLANDO, FL 32836 US

Title: D ( ) Delete  
Name: BISHOP, INGRID  
Address: 8203 PALAZZO COURT  
City-St-Zip: ORLANDO, FL 32836 US

Title: VD ( ) Delete  
Name: GEORGE, VILMA A  
Address: 7649 SILVER CROWN CT.  
City-St-Zip: ORLANDO, FL 32818

Title: SD ( ) Delete  
Name: MORALES, DEMETRESS B  
Address: 4028 VERSAILLES DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete  
Name: COOK, CASSANDA  
Address: 3038 GOLDENROCK DRIVE  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 exemption stated in Chapter 119, 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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PV

04/28/2008

\_\_\_\_\_ Date