

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006004

**FILED
Jan 31, 2012
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:

2425 N. HIAWASSEE RD
ORLANDO, FL 32818

New Mailing Address:

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

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: RICHARD BISHOP

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP
Name: BISHOP, INGRID
Address: 8203 PALAZZO COURT
City-St-Zip: ORLANDO, FL 32836 US

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

Title: SD
Name: MCRAE, O W
Address: 2425 N. HIAWASSEE ROAD
City-St-Zip: ORLANDO, FL 32808

Title: TD
Name: COOK, CASSANDA
Address: 5652 LONGLAKE HILL BLVD
City-St-Zip: ORLANDO, FL 32810

I hereby 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 all other like empowered.

SIGNATURE: O.W.MCRAE

DOO

01/31/2012

Electronic Signature of Signing Officer or Director

Date