

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 # **N46408** (3)
1. Corporation Name
AGAPE MINISTRIES OF COCOA BEACH, FLORIDA, INC.

Principal Place of Business

Mailing Address

260 N. ORLANDO AVE.
P.O. BOX 320343
COCOA BCH. FL 32932

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P.O. BOX 320343
COCOA BCH. FL 32932

FILED
Mar 04 1996 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1991		3a. Date of Last Report 01/27/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3102435		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		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

PITSTICK, DONALD
200 INTERNATIONAL DR. #407
CAPE CANAVERAL FL 32920

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 Don Pitstick DON PITSTICK - Vice President 2-24-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	PITSTICK, DONALD	1.2 NAME	WELLMAN, SELLARD
STREET ADDRESS	200 INTERNATIONAL DR. #407	1.3 STREET ADDRESS	840 S. BANANA RIVER DR.
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	VPD	2.1 TITLE	VICE PRESIDENT
NAME	WELLMAN, SELLARD	2.2 NAME	DONALD PITSTICK
STREET ADDRESS	840 S. BANANA RIVER DR.	2.3 STREET ADDRESS	200 INTERNATIONAL DR. # 407
CITY-ST-ZIP	MERRITT ISL FL	2.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	SD	3.1 TITLE	
NAME	WELLMAN, JOAN	3.2 NAME	
STREET ADDRESS	840 S. BANANA RIVER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISL FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	PITSTICK, ANN	4.2 NAME	
STREET ADDRESS	200 INTERNATIONAL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	THMAN, DARRELL	5.2 NAME	
STREET ADDRESS	218 HARBOR DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: Don Pitstick DON PITSTICK 2-24-96 407-7843576
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)