

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000976 (2)

1. Corporation Name

AGAPE CHRISTIAN MINISTRIES OF THE APOSTOLIC FAITH, INC.

Principal Place of Business

**2102 S. RIDGEWOOD AVE
EDGEWATER FL 32141**

Mailing Address

**2102 S. RIDGEWOOD AVE
EDGEWATER FL 32141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1992

3a. Date of Last Report

04/14/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Country

Country

24

29

Country

9. Name and Address of Current Registered Agent

**ROGERS, ARZY
810 SPRUCE ST.
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **ROGERS, ARZY**
STREET ADDRESS **810 SPRUCE ST.**
CITY ST ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **DST**
NAME **ROGERS, MARTHA**
STREET ADDRESS **810 SPRUCE ST.**
CITY ST ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D**
NAME **KELLY, ISABELLE**
STREET ADDRESS **520 JOSIE ST.**
CITY ST ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D**
NAME **THOMAS, HENRY L. SR.**
STREET ADDRESS **1100 MARY AVE.**
CITY ST ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D**
NAME **THOMAS, CLAUDETTE H.**
STREET ADDRESS **1100 MARY AVE.**
CITY ST ZIP **NEW SMYRNA BEACH FL 32168**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 it would 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:

Arzy Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

427-7979

Date

Telephone Number