FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N92000000976 (2)

AGAPE CHRISTIAN MINISTRIES OF THE APOSTOLIC FAIT

9. Name and Address of Current Registered Agent

Principal Place of Business
2 8 RIDSEWOOD RVE

ROGERS, ARZY 810 SPRUCE ST.

NEW SMYRNA BEACH FL 32168

Principle Place

Mailing Address

"2102-6: RIDGEWOOD AVE "EDGEWATER FL 32141-424

FILED Apr 09 1997 8:00am Secretary of State

L LODDINET BIE HOND HAAT BEHR BEGOF DOAN		01(1 19440 9 144 140)	
3. Date Incorporated or Qualified 12/28/1992	3a. Date of Last Report 04/10/1996		
4. FEI Number NOT APPLICABLE	שבייים אינו	Applied For Not Applicable	
5. Certificate of Status Desired	┌ \$8	.75 Additional ee Required	
6. Election Campaign Financing	\$5.00 May Be		

145	sia	6. Election Campaign Financing Trust Fund Contribution	, <u> </u>	\$5.00 May Be Added to Fees			
Country	•	This corporation has liability f Florida Statutes	for intangible	tax under s. 199.032, No			
10. Name and Address of New Registered Agent							
81	Name						
82	82 Street Address (P.O. Box Number is Not Acceptable)						
83							

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.

City

agent I a	am familiar with, and accept the obligations of,	Section 617.0503, Flo	rida Statutes.				
SIGNATURE	Signature, typod or printed name of registered apont and title if a	inglicable (NOTE	Registered Agent signature	a required when reinstating)	DATE		
12.	OFFICERS AND DIRECT		13.		ES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	DP	DELETE	1.1 TITLE	Trabollo Ky	211 U	Change	Addition
NAME	ROGERS, ARZY		1.2 NAME	tonofile 1	inuct		
STREET ADDRESS	810 SPRUCE ST.		1.3 STREET ADDRESS	Passed au	んずん		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		1.4 CITY-ST-ZIP	Deceased)		
TITLE	DST	DELETE	2.1 TITLE			Change	Addition
NAME	ROGERS, MARTHA		22 NAME				
STREET ADDRESS	810 SPRUCE ST.		2.3 STREET ADDRESS				
ČITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		2. 4 CiTY - ST - ZiP				
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	KELLY, TSABELLE		3.2 NAME				
STREET ADDRESS	520 JOSIE ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW OMYRNA BEACH FL 82168		3.4, CITY-ST-ZIP				
TITUE	D	DELETE	4.1 TITLE		. , ,,,,,,,,	Change	Addition
NAME	THOMAS, HENRY L. SR.		4. 2 NAME				
STREET ADDRESS	1100 MARY AVE.		4.3 STREET ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		4.4 City-St-Zip				
TITLE	D	DELETE	5.1 TITLE			Change	Addition
NAME :	THOMAS, CLAUDETTE H.		5.2 NAME				
STREET ADDRESS	1100 MARY AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		54 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.