

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 # N93000001346 (6)

1. Corporation Name

AGAPE HOUSE MINISTRY, INC.



Principal Place of Business

Mailing Address

719 EAST ORANGE AVE.
EUSTIS FL 32726
US

PO BOX 975
EUSTIS FL 32727
US

3. Date Incorporated or Qualified
03/19/1993

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 **627 East Orange Ave**

26

4. FEI Number
59-3221095

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
Eustis, FL 32726

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

25

29 Zip Country

30

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

**HANNAN, STAN
1403 HIGHLAND AVENUE
EUSTIS FL 32726**

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 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

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	DT	<input type="checkbox"/> DELETE
NAME	HANNAN, STAN	
STREET ADDRESS	1403 HIGHLAND AVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, BRUCE	
STREET ADDRESS	1400 CAMP AVENUE	
CITY-ST-ZIP	MT. DORA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GERKEN, OSCAR	
STREET ADDRESS	1607 ALAN DRIVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOLDER, RON	
STREET ADDRESS	37421 MYRTLE DRIVE	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANDOLPH, DAVID	
STREET ADDRESS	2815 S. BAY STREET	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEFORD, JAMES	
STREET ADDRESS	207 SUNRISE LANE	
CITY-ST-ZIP	EUSTIS FL	

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HANNAN, STAN	
13 STREET ADDRESS	1403 Highland Ave.	
14 CITY-ST-ZIP	Eustis, FL 32726	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	WERKHEISE, Kevin	
63 STREET ADDRESS	21 N. Grove Street	
64 CITY-ST-ZIP	Eustis, FL 32726	

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:

Ronald Holder

RONALD HOLDER

2/22/96

904-357-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)