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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000005754 (7)

1. Corporation Name

AGAPAO CHRISTIAN FELLOWSHIP CHURCH, INC.



Principal Place of Business

Mailing Address

4201 W LAUREL STREET  
TAMPA FL 33607

4201 W LAUREL STREET  
TAMPA FL 33607-4116

3. Date Incorporated or Qualified  
12/23/1993

3a. Date of Last Report  
03/07/1996

21 2. Principal Place of Business  
4911 N. 42nd St.  
Suite, Apt. #, etc

26 2a. Mailing Address  
P.O. Box 310614  
Suite, Apt. #, etc.

4. FEI Number  
59-3237036

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State  
Tampa, Fl.

28 City & State  
Tampa, Fl.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip  
33610

25 Country  
USA

29 Zip  
33680-0614

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

CAMPBELL, THEODIS R  
4201 W LAUREL STREET  
TAMPA FL 33607

81 Name  
Theodis R. Campbell

82 Street Address (P.O. Box Number is Not Acceptable)  
4911 North 42nd St.

83

84 City  
Tampa

FL

85 Zip Code  
33610

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 D  DELETE  
NAME CAMPBELL, THEODIS R  
STREET ADDRESS 4201 W LAUREL STREET  
CITY-ST-ZIP TAMPA FL 33607

1.1 TITLE D  Change  Addition  
1.2 NAME Campbell, Theodis R.  
1.3 STREET ADDRESS 4911 North 42nd St.  
1.4 CITY-ST-ZIP Tampa, Fl. 33610

TITLE D  DELETE  
NAME MOON, HYLON J  
STREET ADDRESS 8804 CRESTVIEW STREET  
CITY-ST-ZIP TAMPA FL 33604

2.1 TITLE D  Change  Addition  
2.2 NAME Moon, Hylon J.  
2.3 STREET ADDRESS 7604 Crown Cir.  
2.4 CITY-ST-ZIP Tampa, Fl. 33615

TITLE D  DELETE  
NAME JOHNSON, DOROTHY  
STREET ADDRESS 1928 W CHERRY STREET  
CITY-ST-ZIP TAMPA FL 33607

3.1 TITLE D  Change  Addition  
3.2 NAME Same  
3.3 STREET ADDRESS Same  
3.4 CITY-ST-ZIP Same

TITLE D  DELETE  
NAME DAVIS, PHYLLIS  
STREET ADDRESS 3418 NORTH 'A' ST, APT 10  
CITY-ST-ZIP TAMPA FL

4.1 TITLE D  Change  Addition  
4.2 NAME Davis, Phyllis  
4.3 STREET ADDRESS 913 Stanberry Dr.  
4.4 CITY-ST-ZIP Brandon, Fl. 33511

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 oath. 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: *Theodis R. Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97 813-804-7293  
Date Daytime Phone # 0047580

CR2E037 (9/96)