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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 4911 N. 42ND ST. TAMPA FL 33610
Mailing Address: P.O. BOX 310614 TAMPA FL 33680-0614

3. Date Incorporated or Qualified: 12/23/1993

4. FEI Number: 59-9237036
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and Country.

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CAMPBELL, THEODIS R
4911 NORTH 42ND ST.
TAMPA FL 33610

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 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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CAMPBELL, THEODIS R 4911 NORTH 42ND STREET TAMPA FL 33610	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MOON, HYLON J 7604 CROWN CIR. TAMPA FL 33615	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	D DAVID R. WATKINS
STREET ADDRESS		2.3 STREET ADDRESS	1705 Tarah Trace Dr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Brandon Fl. 33510
TITLE	D JOHNSON, DOROTHY 1928 W CHERRY STREET TAMPA FL 33607	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	S/T/D
STREET ADDRESS		3.3 STREET ADDRESS	SHEKETHA BOOKER
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3621 N. 55th St. Tampa Fl. 33619
TITLE	D DAVIS, PHYLLIS 913 STANBERRY DR. BRANDON FL 33511	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	T VALENCIA WATKINS
STREET ADDRESS		4.3 STREET ADDRESS	1705 Tarah Trace Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Brandon Fl. 33510
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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; 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: _____ 5/17/98 812-9411-7297

CF2E037 (10/97)