## 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 # N95000003050 (0)

AGAPE' CHRISTIAN FELLOWSHIP CHURCH OF HIGHLANDS

COUNTY, INC. Mailing Address Principal Place of Business

1004 HAMMOCK ROAD SEBRING FL 33872

2. Principal Place of Business

POST OFFICE BOX 449 SEBRING FL 33871-0449

2a. Mailing Address 26 P.O. Box

Suite, Apt. #, etc.

3. Date Incorporated or Qualified 06/25/1995

3a. Date of Last Report Applied For Not Applicable

2. Principal P. 21 325	10 Grand Prix Ot.
Suite, Apt.	#, etc.
City & State	
	bri Na, Fl.

27 sebriNg

6. Election Campaign Financing Trust Fund Contribution

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

\$8.75 Additional

Fee Required

3	Sebr	NU			
	Zip		Co	yntry	1
4	133872	2	5	Hiq	K
•••	<u> </u>	Name	nd A	dark	06 /

29 *3387/*of Current Registered Agent

26

and

8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes XINo Florida Statutes 10. Name and Address of New Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

YORK, DON 2303 FLAMINGO DRIVE SEBRING FL 33870

SIGNATURE

81 Name 82

(NOTE: Registered Agent signature required when reinstating)

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

83	
84	City

Zip Code 85

Change

Change

☐ Change

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.

	org and the same of the same o
12.	OFFICERS AND DIRECTORS
TITLE	D
NAME	YORK, DON
STREET ADDRESS	2303 FLAMINGO DRIVE
CITY - ST - ZIP	SEBRING FL 33870

DELETE

1.2 NAME 13 STREET ADDRESS 1.4 CITY - ST-ZIP

13.

1.1 TITLE

2.1 TITLE

3 3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST- ZIP

3 4. CITY - ST - ZIP

4.1 TITLE

4 2 NAME

ion

Addition

☐ Addition

Addition

TITLE	D		2.1 11120	
NAME	CROSBIE, PHIL		2 2 NAME	
	3740 SKIPPER DRIVE		2.3 STREET ADDRESS	
STREET ADDRESS	SEBRING FL 33872		2.4 CITY-ST-ZIP	<u></u>
CITY-ST-ZIP	SEDNING PL 33072	DELETE	31 TITLE	
TITLE	D	Diereie	STILLE	
HARR	COUCH, S.C.		3.2 NAME	

DELETE

DELETE

NAME 2815 UNITAS ROAD STREET ADDRESS CITY - ST - ZIP

**AVON PARK FL 33825** TITLE NAME

STREET ADDRESS CITY-ST-ZIP DELETE TITLE

Signature, typed or printed name of registered agent and title it applicable

STREET ADDRESS CITY-ST-ZIP TITLE NAME

DELETE

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

5 4 CITY - ST - ZIP 61 TITLE

6.2 NAME 6.3 STREET ADDRESS

Addition Change

☐ Change	☐ Addition

STREET ADDRESS 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 12 changed, or on an attachment with an address. 64 CiTY-ST-ZIP

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

CR2E037 (12/95)