

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006004

FILED
May 18, 2015
Secretary of State
CC6924246491

Entity Name: AGAPE ARMS OF MERCY MEDICAL CENTER AND SOCIAL SERVICES INC.

Current Principal Place of Business:

2425 N. HIAWASSEE RD
ORLANDO, FL 32818

Current Mailing Address:

2425 N. HIAWASSEE RD
ORLANDO, FL 32818

FEI Number: 37-1484646

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BISHOP, RICHARD P
8203 PALAZZO COURT
ORLANDO, FL 32836 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BISHOP, RICHARD
Address 8203 PALAZZO COURT
City-State-Zip: ORLANDO FL 32836

Title VP
Name BISHOP, INGRID
Address 8203 PALAZZO COURT
City-State-Zip: ORLANDO FL 32836

Title VD
Name JACOBS, BETTY A
Address 1833ATTUCKS AVE
City-State-Zip: ORLANDO FL 32811

Title SD
Name MCRAE, O W
Address 2425 N. HIAWASSEE ROAD
City-State-Zip: ORLANDO FL 32808

Title TD
Name COOK, CASSANDA
Address 5652 LONGLAKE HILL BLVD
City-State-Zip: ORLANDO FL 32810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: INGRIDBISHOP

VP

05/18/2015

Electronic Signature of Signing Officer/Director Detail

Date