

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006004

**FILED**  
**May 06, 2016**  
**Secretary of State**  
**CC2847661955**

**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: INGRID BISHOP**

**VP**

**05/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date