

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 # 735674 (4)

1. Corporation Name

AGAPE CHRISTIAN MINISTRIES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1670
602 VERA ST.
DAYTONA BCH FL 32114-1959

P.O. BOX 1670
602 VERA ST.
DAYTONA BCH FL 32114-1959

| | |
|---|--|
| 3. Date Incorporated or Qualified 04/27/1976 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 51-9672566 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**WRIGHT, ERNEST N
602 VERA ST
DAYTONA BCH, FL
32014**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, ERNEST N. | 1.2 NAME | |
| STREET ADDRESS | 602 VERA ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 0 | 1.4 CITY-ST-ZIP | |
| TITLE | VPTD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, LEVONIA | 2.2 NAME | |
| STREET ADDRESS | 602 VERA ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 0 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOODS, GWENDOLYN | 3.2 NAME | |
| STREET ADDRESS | 879 LOOMIS AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BCH. FL | 3.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIGHT, ALLEN S. | 4.2 NAME | |
| STREET ADDRESS | 1245 EDNA DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT ORANGE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIGHT, JOY F. | 5.2 NAME | |
| STREET ADDRESS | 1245 EDNA DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PT. ORANGE FL | 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Ernest N. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wright *4/15/96*
252-6357

CR2E037 (12/95)