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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755542

1. Corporation Name

AGAPE WORD MINISTRIES, INC.

Principal Place of Business

% TERRY SUMRALL
HIGHWAY 19, SOUTH - P.O. BOX 1394
CROSS CITY FL 32628

Mailing Address

% TERRY SUMRALL
HIGHWAY 19, SOUTH - P.O. BOX 1394
CROSS CITY FL 32628



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/16/1980

4. FEI Number
05-0005500

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCLEOD, JEAN L
HORSESHOE ROAD
P. O. BOX 561
CROSS CITY FL 32628

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SUMRALL, TERRY & JUDY
STREET ADDRESS PO BOX 1394, KRESSMAN ST.
CITY-ST-ZIP CROSS CITY FL

TITLE D ☐ DELETE
NAME DAVIS, FRANK & AMANDA
STREET ADDRESS RT 7 BOX 87 ROCKY CRK RD
CITY-ST-ZIP LIVE OAK FL

TITLE D ☐ DELETE
NAME CHAMPION, BOB & CAROL
STREET ADDRESS 913 PELICAN BAY DR
CITY-ST-ZIP DAYTONA BEACH FL

TITLE SD ☐ DELETE
NAME WOLFE, BENNICIE
STREET ADDRESS RT 4 BOX 107 TOUCHTON RD
CITY-ST-ZIP LIVE OAK FL

TITLE D ☐ DELETE
NAME MUSGROVE, CHRIS & TERRI
STREET ADDRESS 805 SW MARYMAE ST.
CITY-ST-ZIP LIVE OAK FL

TITLE D ☐ DELETE
NAME MCLEOD, JEAN
STREET ADDRESS HORSESHOE ROAD
CITY-ST-ZIP CROSS CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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(3)(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, with all other like empowered.

SIGNATURE:

Terry Sumrall
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99
Date

498-1323
Daytime Phone #

CR2E037 (1/98)