

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760685

(8)

1. Corporation Name

AGAPE BIBLE CHURCH, INC.



Principal Place of Business

C/O ARNOLD THOMPSON
2988 CORTEZ LANE
DELRAY BEACH FL 33445

Mailing Address

C/O ARNOLD THOMPSON
2988 CORTEZ LANE
DELRAY BEACH FL 33445

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/13/1981

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2159730

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

THOMPSON, ARNOLD
3892 CORTEZ LANE
DELRAY BEACH FL 33445

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 NA

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
THOMPSON, ARNOLD
2988 CORTEZ LANE
DELRAY BEACH, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
JAMES, JOHN
3064 DOLPHIN DRIVE
DELRAY BCH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
LEWIS, PEREEDER
111 NE 19 AVE
BOYNTON BCH. FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
THOMPSON, JUNIE
2988 CORTEZ LANE
DELRAY BCH. FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

☐ Change ☐ Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

TREASURER
JAMES, BARBARA
3064 DOLPHIN DRIVE
DELRAY BCH FL

☒ Change ☐ Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

SECRETARY
MACKEY, ERICA
9316-D BOCA GARDENS PARKWAY
BOCA RATON FL

☐ Change ☒ Addition

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

☐ Change ☐ Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

☐ Change ☐ Addition

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:

ARNOLD THOMPSON

2/25/96

407/278-4889

Daytime Phone