FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90114 021 ****61.25

0045117

110538 - 90114 - 21

DOCUMENT # 760685

1. Corporation Name
AGAPE BIBLE CHURCH, INC.

Principal Place of Business	Mailing Address
C/O ARNOLD THOMPSON 2988 CORTEZ LANE DELRAY BEACH FL 33445	C/O ARNOLD THOMPSON 2988 CORTEZ LANE DELRAY BEACH FL 33445

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 3049 S. Dixie Hwy (Suite, Apt. #, etc.)	26 Same as above (Suite, Apt. #, etc.)	11/13/1981
22 Boynton Beach, FL (City & State)	27 (City & State)	4. FEI Number 59-2159730 ☐ Applied For ☐ Not Applicable
23 33435 Palm Bch (Zip / Country)	28 (Zip / Country)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 25	29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, ARNOLD 2988 CORTEZ LN 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ARNOLD		1.2 NAME		
STREET ADDRESS	2988 CORTEZ LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JAMES, JOHN		2.2 NAME		
STREET ADDRESS	3064 DOLPHIN DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JAMES, BARBARA		3.2 NAME		
STREET ADDRESS	3064 DOLPHIN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, JUNIE		4. 2 NAME		
STREET ADDRESS	2988 CORTEZ LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	PS	☒ Change ☐ Addition
NAME	MACKEY, ERICA		5.2 NAME	LEWIS, PEREEDER	
STREET ADDRESS	9316-D BOCA GARDENS PKWY		5.3 STREET ADDRESS	111 NE 19th Ave.	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Pereeder Lewis PEREEDER LEWIS 1-13-98 561-736-0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #