

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004150

**FILED
Aug 18, 2004
Secretary of State**

Entity Name: AGAPE ARMS OF MERCY COMMUNITY DEVELOPMENT INC.

Current Principal Place of Business:

2425 N. HIAWASSE RD.
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

3038 GOLDENROCK DR.
ORLANDO, FL 32818

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BISHOP, RICHARD SR.
3038 GOLDENROCK DR.
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BISHOP, RICHARD SR.
Address: 3038 GOLDENROCK DR.
City-St-Zip: ORLANDO, FL 32818

Title: VD () Delete
Name: SAMPSON, CLAY
Address: 638 SAGO LANE
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: JACOBS, BETTY
Address: 1830 ATTUUCKS AVENUE
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: BISHOP, INGRID
Address: 3038 GOLDEN ROCK DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: DAVIS, GREG
Address: 5813 FLORI LANE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: INGRID BISHOP

D

08/18/2004

Electronic Signature of Signing Officer or Director

_____ Date