

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004150

FILED  
Apr 30, 2005  
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 (X)

**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

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date