

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N10264 (2)

1. Corporation Name

PRAYER CHURCH OF AGAPE LOVE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 PM 3:34

Principal Place of Business

Mailing Address

**1620 NW 10TH AVENUE
POMPANO BEACH FL 33069**

**1620 NW 10TH AVENUE
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/16/1985

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2538121

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLY, ROBERT P.
1040 BAYVIEW DR., SUITE 517
FT. LAUDERDALE FL 33304**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	WATSON, HATTIE
STREET ADDRESS	1620 NW 19TH AVENUE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VD
NAME	WATSON, PHILLIP K.
STREET ADDRESS	1901 NW 14 TERR.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	PD
NAME	WATSON, PHILIP
STREET ADDRESS	1620 NW 19 AVE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	SD
NAME	MONROE, SUSAN W.
STREET ADDRESS	3080 NW 8TH PLACE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	MIMS, LEOLA
STREET ADDRESS	1101 CACTUS AVENUE
CITY-ST-ZIP	MOORE HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE: *Susan W. Monroe* **Susan W. Monroe 3-13-95 (605) 960-1319**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

682541