2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State
02-24-2005 90035 025 ****61.25

DOCUMENT # N14604

1. Entity Name
AGAPE BAPTIST CHURCH OF MARION COUNTY, INC.

Principal Place of Business	Mailing Address
6200 NW 50TH AVENUE OCALA, FL 34482 US	6200 NW 50TH AVENUE OCALA, FL 34482 US

66006806

02082005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2744659
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONE, GENE JR
5142 NW 62 AVE
OCALA, FL 34482

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WILLIAMS, EDEN
STREET ADDRESS	10150 NW 97TH STREET RD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	TD
NAME	ORAM, MATTHEW E
STREET ADDRESS	5847 NW 53RD CT
CITY-ST-ZIP	OCALA, FL 34482
TITLE	PD
NAME	CONE, GENE JR
STREET ADDRESS	5142 NW 62 AVE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VD
NAME	HOUGHTON, DAVID
STREET ADDRESS	7301 NW 57TH AVE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew Oram 03-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #