

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90103 036 ****61.25

DOCUMENT # N14604

1. Entity Name

AGAPE BAPTIST CHURCH OF MARION COUNTY, INC.



Principal Place of Business

6200 NW 50TH AVENUE
OCALA FL 34482
US

Mailing Address

6200 NW 50TH AVENUE
OCALA FL 34482
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

CONE, GENE JR
5142 NW 62 AVE
OCALA FL 34482

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME SD
STREET ADDRESS WILLIAMS, EDEN
CITY-ST-ZIP 10150 NW 97TH STREET RD
OCALA FL 34482

TITLE ☒ Delete
NAME TD
STREET ADDRESS ORAM, MATTHEW E
CITY-ST-ZIP 5847 NW 53RD CT
OCALA FL 34482

TITLE ☐ Delete
NAME PD
STREET ADDRESS CONE, GENE JR
CITY-ST-ZIP 5142 NW 62 AVE
OCALA FL 34482

TITLE ☐ Delete
NAME VD
STREET ADDRESS HOUGHTON, DAVID
CITY-ST-ZIP 7301 NW 57TH AVE
OCALA FL 34482

TITLE ☐ Delete
NAME **T GENE FLINT**
STREET ADDRESS **5000 NW 57th Lane**
CITY-ST-ZIP **Ocala, FL 34482**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T GENE FLINT**
STREET ADDRESS **5000 NW 57th Lane**
CITY-ST-ZIP **Ocala, FL 34482**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

David R. Hurd

3-5-06

852-732-5099