

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 08:00 AM
Secretary of State

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| 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 |



01072007 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 59-2744659 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent CONE, GENE JR 5142 NW 62 AVE OCALA, FL 34482 | DO NOT WRITE IN THIS SPACE |
|---|-----------------------------------|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FLINT, GENE 5000 NW 57TH LANE OCALA, FL 34482 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CONE, GENE JR 5142 NW 62 AVE OCALA, FL 34482 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HOUGHTON, DAVID 7301 NW 57TH AVE OCALA, FL 34482 |
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02/14/07-80038-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Gene Cone 2-3-07 352-732-5099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #