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Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N25673 (7)

1. Corporation Name

AGAPE CHRISTIAN COMMUNITY CHURCH, INC.



Principal Place of Business

Mailing Address

1066 ARLINGTON ROAD  
JACKSONVILLE FL 322111066 ARLINGTON ROAD  
JACKSONVILLE FL 32211-58113. Date Incorporated or Qualified  
03/30/19883a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAL, KEITH M.  
101 BARNETT REGENCY TOWER  
JACKSONVILLE FL 32211

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GHOTTUSO, MARIO P  
STREET ADDRESS 3736 PIZZARRO RD  
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD  
NAME GOTTUSO, MARIO P.  
STREET ADDRESS 3736 PIZZARRO ROAD  
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE DT  
NAME HUGHES, JUDITH  
STREET ADDRESS 13174 EBBTIDE CT.  
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE V  
NAME RICHMAN, ANN G  
STREET ADDRESS 13174 EBBTIDE COURT  
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE DS  
NAME BAURICHTER, LEAH  
STREET ADDRESS 13174 EBBTIDE CT  
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME GOTTUSO, BARBARA  
STREET ADDRESS 3736 PIZZARRO RD  
CITY-ST-ZIP JACKSONVILLE FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006485

CR2E037 (9/96)