

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N37925 (7)

1. Corporation Name

AGAPE COMMUNICATIONS INSTITUTE, INC.



Principal Place of Business

Mailing Address

% DR. RASALYN M. BLAKE-JONES  
2761 NW 10TH PLACE  
FT. LAUDERDALE FL 33311-5721

% DR. RASALYN M. BLAKE-JONES  
2761 NW 10TH PLACE  
FT. LAUDERDALE FL 33311-5721

3. Date Incorporated or Qualified  
05/01/1990

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

BLAKE-JONES, ROSALYN, DR.  
2761 NW 10TH PLACE  
FT. LAUDERDALE FL

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 DP ☐ DELETE  
NAME BLAKE-JONES, ROSALYN  
STREET ADDRESS 2761 NW 10TH PLACE  
CITY-ST-ZIP FT. LAUDERDALE FL

11 TITLE TP 500001892115  
12 NAME -07/12/96--01037--022  
13 STREET ADDRESS \*\*\*61.25

TITLE DST ☒ DELETE  
NAME DECLOUET, SHERALYN E  
STREET ADDRESS 964 BEAUMONT LN  
CITY-ST-ZIP ROCKLEDGE FL

14 TITLE V.P. President ☐ Change ☒ Addition  
15 NAME Mrs. Delores Staten  
16 STREET ADDRESS 500 NW 43rd Avenue  
17 CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

18 TITLE Mrs. Dorothy K. Williams ☐ Change ☒ Addition  
19 NAME  
20 STREET ADDRESS 1000 N.W. 202 Street  
21 CITY-ST-ZIP Miami, FL 33169

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

22 TITLE ST. Corresponding ☐ Change ☒ Addition  
23 NAME Mrs. Verdine Beasley-Williams  
24 STREET ADDRESS 2895 West Sunrise Blvd.  
25 CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

26 TITLE Treasurer ☐ Change ☒ Addition  
27 NAME Mrs. K. Fox-Taylor  
28 STREET ADDRESS 3111 S.W. 23rd Court  
29 CITY-ST-ZIP Ft. Lauderdale, FL 33312

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

30 TITLE REV. Dr. Jimmie Staton ☐ Change ☒ Addition  
31 NAME  
32 STREET ADDRESS 500 NW 43rd Avenue  
33 CITY-ST-ZIP Plantation, FL 33317

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 119.07(3)(k), 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:

Rosalyn M. Blake-Jones

May 23, 1996

Date

Daytime Phone #

(954)

587-1379

CR2E037 (12/95)