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FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

Mailing Address

% DR. ROSALYN 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  
07/12/1996

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

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME WILLIAMS, DOROTHY K  
STREET ADDRESS 1000 NW 202 ST.  
CITY-ST-ZIP MIAMI FL 33169

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME WILLIAMS, VERDIE  
STREET ADDRESS 2895 W SUNRISE BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL 33311

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME FOX-TAYLOR, K.  
STREET ADDRESS 3111 SW 23RD CT.  
CITY-ST-ZIP FT LAUDERDALE FL 33312

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DT ☐ DELETE  
NAME STATEH, JIMMIE DR.  
STREET ADDRESS 500 NW 43RD AVE.  
CITY-ST-ZIP PLANTATION FL 33317

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME STATEN, DELORES  
STREET ADDRESS 500 NW 43RD AVE  
CITY-ST-ZIP PLANTATION FL 33317

6.1 TITLE ☐ Change ☐ Addition  
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

5/11/97 (9/24) 5821379

CR2E037 (9/96)