

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
2. Principal Place of Business	2a. Mailing Address		
21 2761 NW 10th Pl	26 Same		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 Ft. Laud. FL	28 City & State		
33311 Broward	29 City & State		
33311	30 Country		
33311	31 Country		

3. Date Incorporated or Qualified	05/01/1990
4. FEI Number	NOT APPLICABLE
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
BLAKE-JONES, ROSALYN, DR. 2761 NW 10TH PLACE FT. LAUDERDALE FL	

10. Name and Address of New Registered Agent	
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 Rosalyn M. Blake-Jones - DNA DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	TP <input type="checkbox"/> DELETE
NAME	BLAKE-JONES, ROSALYN
STREET ADDRESS	2761 NW 10TH PLACE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	WILLIAMS, DOROTHY K
STREET ADDRESS	1000 NW 202 ST.
CITY-ST-ZIP	MIAMI FL 33169
TITLE	ST <input type="checkbox"/> DELETE
NAME	WILLIAMS, VERDIE
STREET ADDRESS	2895 W SUNRISE BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	T <input type="checkbox"/> DELETE
NAME	FOX-TAYLOR, K.
STREET ADDRESS	3111 SW 23RD CT.
CITY-ST-ZIP	FT LAUDERDALE FL 33312
TITLE	DT <input type="checkbox"/> DELETE
NAME	STATEH, JIMMIE DR.
STREET ADDRESS	500 NW 43RD AVE.
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	VP <input type="checkbox"/> DELETE
NAME	STATEN, DELORES
STREET ADDRESS	500 NW 43RD AVE
CITY-ST-ZIP	PLANTATION FL 33317

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 Rosalyn M. Blake-Jones DATE May 14 1998

CP2E037 (10/97)