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FILED
May 20 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 # N41302 (3)

1. Corporation Name

AGAPE ACADEMIC ENRICHMENT CENTER, INC.

Principal Place of Business

Mailing Address

245 N.W. 8TH STREET
MIAMI FL 33136

245 N.W. 8TH STREET
MIAMI FL 33136



3. Date Incorporated or Qualified

12/13/1990

4. FEI Number

65-0200678

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, JOHN F REV.
20507 N.E. 9TH PLACE
MIAMI FL 33179

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 D ☐ DELETE
NAME WHITE, JOHN (REV)
STREET ADDRESS 20507 N.E. 9TH PLACE
CITY-ST-ZIP MIAMI FL 33179

TITLE D ☐ DELETE
NAME GODFREY, ALBERTA
STREET ADDRESS 1054 N.W. 38TH STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE D ☐ DELETE
NAME SEARCY, FANNYE
STREET ADDRESS 840 N.W. 83RD TERRACE
CITY-ST-ZIP MIAMI FL 33147

TITLE D ☐ DELETE
NAME CARTER, AUBREY
STREET ADDRESS 1250 S.W. 19 TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE D ☐ DELETE
NAME GALVIN, JOHN
STREET ADDRESS 12150 N.W. 5TH AVENUE
CITY-ST-ZIP MIAMI FL 33168

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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:

John F. White

4/22/98 (305) 371-9102

CR2E037 (1097)