

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90058 026 \*\*\*\*70.00

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**DOCUMENT # N41302**

1. Corporation Name

**AGAPE ACADEMIC ENRICHMENT CENTER, INC.**

Principal Place of Business

**245 N.W. 8TH STREET  
MIAMI FL 33136**

Mailing Address

**245 N.W. 8TH STREET  
MIAMI FL 33136**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

3. Date Incorporated or Qualified

**12/13/1990**

4. FEI Number

**65-0200678**

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/99 305 379-8250**  
Date Daytime Phone #

CR2E037 (11/98)