

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46408 (3)

1. Corporation Name

AGAPE MINISTRIES OF COCOA BEACH, FLORIDA, INC.

Principal Place of Business

260 N. ORLANDO AVE.
P.O. BOX 320343
COCOA BCH. FL 32932

Mailing Address

260 N. ORLANDO AVE.
P.O. BOX 320343
COCOA BCH. FL 32932-03433. Date Incorporated or Qualified
12/11/19913a. Date of Last Report
03/04/1996

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

4. FEI Number

59-3102435

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. 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

PITSTICK, DONALD
200 INTERNATIONAL DR. #407
CAPE CANAVERAL FL 32920

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)

1-24-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | PITSTICK, DONALD | |
| STREET ADDRESS | 200 INTERNATIONAL DR. #407 | |
| CITY-ST-ZIP | CAPE CANAVERAL FL | |

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | WELLMAN SELLARD | |
| 1.3 STREET ADDRESS | 840 S. BANANA RIVER DR | |
| 1.4 CITY-ST-ZIP | MERRITT. FL 32953 | |

| | | |
|----------------|-------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | WELLMAN, SELLARD | |
| STREET ADDRESS | 840 S. BANANA RIVER DR. | |
| CITY-ST-ZIP | MERRITT ISL FL | |

| | | |
|--------------------|---------------------------|--|
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PITSTICK DONALD | |
| 2.3 STREET ADDRESS | 200 INTERNATIONAL DR #407 | |
| 2.4 CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WELLMAN, JOAN | |
| STREET ADDRESS | 840 S. BANANA RIVER DR. | |
| CITY-ST-ZIP | MERRITT ISL FL | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | PITSTICK, ANN | |
| STREET ADDRESS | 200 INTERNATIONAL DR | |
| CITY-ST-ZIP | CAPE CANAVERAL FL | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | WELLMAN, SELLARD | |
| STREET ADDRESS | 840 S. BANANA RIVER DR. | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | PITSTICK, DONALD | |
| STREET ADDRESS | 200 INTERNATIONAL DR. #407 | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |

| | | |
|--------------------|--|---|
| 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 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:

Don Pitstick VPD

1-24-97

407-7843576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001234

CR2E037 (9/96)