


FILE NOW: FILING FEE IS \$61.25

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
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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
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3. Date Incorporated or Qualified 12/11/1991
4. FEI Number 59-3102435
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PITSTICK, DONALD 200 INTERNATIONAL DR. #407 CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent 81 Name SELLARD D. WELLMAN JR. 82 Street Address (P.O. Box Number is Not Acceptable) 840 S. BANANA RIVER DRIVE 83 84 City MERRITT ISLAND, FL 85 Zip Code 32952

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 *Sellard D. Wellman Jr.* **SELLARD WELLMAN JR.** **4/21/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	WELLMAN, SELLARD
STREET ADDRESS	840 S. BANANA RIVER DR.
CITY-ST-ZIP	MERRITT FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	PITSTICK, DONALD
STREET ADDRESS	200 INTERNATIONAL DR., #407
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	WELLMAN, JOAN
STREET ADDRESS	840 S. BANANA RIVER DR.
CITY-ST-ZIP	MERRITT ISL FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PITSTICK, ANN
STREET ADDRESS	200 INTERNATIONAL DR
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WELLMAN, SELLARD
STREET ADDRESS	840 S. BANANA RIVER DR.
CITY-ST-ZIP	MERRIT ISLAND FL 32952
TITLE	VP <input type="checkbox"/> DELETE
NAME	PITSTICK, DONALD
STREET ADDRESS	200 INTERNATIONAL DR. #407
CITY-ST-ZIP	CAPE CANAVERAL FL 32920

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: *Sellard D. Wellman Jr.* **SELLARD D. WELLMAN JR.** **4/21/98** **407-7947171**

CR2E037 (10/97)