

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90104 013 ****61.25

DOCUMENT # N46408

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/11/1991

4. FEI Number

59-3102435

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

WELLMAN, SELLARD D J
840 S BANANA REPUBLIC DR
MERRITT ISLAND FL 32952

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 **P** ☐ DELETE
NAME **WELLMAN, SELLARD**
STREET ADDRESS **840 S. BANANA RIVER DR.**
CITY-ST-ZIP **MERRITT FL**

TITLE **VPD** ☐ DELETE
NAME **PITSTICK, DONALD**
STREET ADDRESS **200 INTERNATIONAL DR., #407**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **SD** ☐ DELETE
NAME **WELLMAN, JOAN**
STREET ADDRESS **840 S. BANANA RIVER DR.**
CITY-ST-ZIP **MERRITT ISL FL**

TITLE **TD** ☐ DELETE
NAME **PITSTICK, ANN**
STREET ADDRESS **200 INTERNATIONAL DR**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **P** ☐ DELETE
NAME **WELLMAN, SELLARD**
STREET ADDRESS **840 S. BANANA RIVER DR.**
CITY-ST-ZIP **MERRIT ISLAND FL 32952**

TITLE **VP** ☐ 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 ☐ 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:

Donal Pitstick

4-28-99

407-784-3576

CR2E037 (11/98)