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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N46408

1. Corporation Name

AGAPE MINISTRIES OF COCOA BEACH, FLORIDA, INC.

517932 20497

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.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country 30

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	<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, with all other like empowered.

SIGNATURE:

Donna R. Pitstick
 DONALD Pitstick

4-28-99

407-784-3576

CR2E037 (1/98)