

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48372**

(9)

1. Corporation Name

AGAPE CHRISTIAN TEMPLE, INC.



Principal Place of Business

**451 W. 30TH ST
RIVIERA BEACH FL 33404**

Mailing Address

**451 W. 30TH ST
RIVIERA BEACH FL 33404**

3. Date Incorporated or Qualified
03/04/1992

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **80 W 21ST STREET**

26 **P O BOX 10526**

4. FEI Number
65-0345171

Applied For
Not Applicable

22 Suite, Apt. #, etc.
SUITE 4

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 City & State
RIVIERA BEACH, FL

28 City & State
RIVIERA BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip Country
33404 PALM BCH

29 Zip Country
33419-0526 PALM BEACH

8. 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

**WRIGHT, VICKEY M
451 W. 30TH ST.
RIVIERA BEACH FL 33404**

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 ☐ DELETE
NAME **D TURNER, GLORIA**
STREET ADDRESS **1600 W. 34TH ST**
CITY-STATE-ZIP **RIVIERA BEACH FL 33404**

TITLE ☒ DELETE
NAME **VTRD HOWARD, ROBERT JR.**
STREET ADDRESS **9538 171 ST N**
CITY-STATE-ZIP **JUPITER FL**

TITLE ☐ DELETE
NAME **SD POTTER, NATASHA K**
STREET ADDRESS **345 N. HABERHILL RD. #B-7**
CITY-STATE-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ DELETE
NAME **PCM WRIGHT, VICKEY M.**
STREET ADDRESS **451 W 30TH ST.**
CITY-STATE-ZIP **RIVIERA BEACH FL**

TITLE ☐ DELETE
NAME **D GAINES, CHARLES, JR.**
STREET ADDRESS **18354 JUPITER LANDINGS**
CITY-STATE-ZIP **JUPITER FL**

TITLE ☐ DELETE
NAME **D PITTMAN-GAINES, CANDACE**
STREET ADDRESS **18354 JUPITER LANDINGS**
CITY-STATE-ZIP **JUPITER FL**

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T/D** ☒ Change ☐ Addition
1.2 NAME **Treasurer/Director**
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **PERSILIS, FRANCIS**
2.3 STREET ADDRESS **1574 W 37TH ST**
2.4 CITY-STATE-ZIP **RIVIERA BEACH FL 33404**

3.1 TITLE **Secretary/Director** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1820 AVENUE G**
3.4 CITY-STATE-ZIP **RIVIERA BEACH, FL 33404**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE **V/P** ☒ Change ☐ Addition
5.2 NAME **Vice President/Director**
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **\$70.00 3/26/96**
6.3 STREET ADDRESS **70. reg by Bank**
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, and 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: **Vickey M. Wright**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

(407) 863-0888

Date

Daytime Phone #

CR2E037 (12/95)