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Jun 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48372

1. Corporation Name
AGAPE CHRISTIAN TEMPLE, INC.

Principal Place of Business 80 W. 21ST STREET SUITE 4 RIVIERA BEACH FL 33404	Mailing Address P.O. BOX 10526 RIVIERA BEACH FL 33419-0526
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/04/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0345171
24 Country	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Vickey M Wright*

(NOTE: Registered Agent signature required when reinstating)

4/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, GLORIA	1.2 NAME	
STREET ADDRESS	1600 W. 34TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSILIS, FRANCIS	2.2 NAME	Denise Williams
STREET ADDRESS	1574 W. 37TH ST.	2.3 STREET ADDRESS	1621 W 37th St
CITY-ST-ZIP	RIVIERA BEACH FL 33404	2.4 CITY-ST-ZIP	Riv. Beach FL 33404
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, NATASHA K	3.2 NAME	
STREET ADDRESS	4110 TANGLEWOOD S, APT. 347	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE	PCM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, VICKEY M.	4.2 NAME	
STREET ADDRESS	451 W 30TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, CHARLES, JR.	5.2 NAME	Artelg. Sapp
STREET ADDRESS	18354 JUPITER LANDINGS	5.3 STREET ADDRESS	3911 Windsor Ave
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	West Palm Beach, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTMAN-GAINES, CANDACE	6.2 NAME	Albert Davis
STREET ADDRESS	6285 INDIAN TOWN RD	6.3 STREET ADDRESS	2800 Georgia Ave Apt E-31
CITY-ST-ZIP	JUPITER FL 33458	6.4 CITY-ST-ZIP	West Palm Beach, FL 33405

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: *Vickey M Wright* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)