

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48434 (7)**  
1. Corporation Name  
**AGAPE CHRISTIAN FELLOWSHIP MINISTRIES, INC.**



<b>Principal Place of Business</b> 1233 45TH STREET SUITE C-4 WEST PALM BEACH FL 33407 US		<b>Mailing Address</b> 1233 45TH STREET SUITE C-4 WEST PALM BEACH FL 33407 US	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
<b>3. Date Incorporated or Qualified</b> 04/20/1992		<b>4. FEI Number</b> 65-0323866	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>XXX</b> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> JENKINS, EMMANUEL 231 GALE PLACE WEST PALM BEACH FL 33409		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 2549 Westchester Drive 83 84 City West Palm Beach FL 85 Zip Code 33407	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, EMMANUEL	1.2 NAME	
STREET ADDRESS	231 GALE PLACE	1.3 STREET ADDRESS	2549 Westchester Drive
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, Fla 33407
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, CLARITHA	2.2 NAME	
STREET ADDRESS	231 GALE PLACE	2.3 STREET ADDRESS	2549 Westchester Drive
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, Fla 33407
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIER, LAURA	3.2 NAME	
STREET ADDRESS	1188 HATTERS CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, CAROL	4.2 NAME	
STREET ADDRESS	1611 AVE H	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, ROGER	5.2 NAME	
STREET ADDRESS	1611 AVE H	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SHARON	6.2 NAME	Pompey, Sharon
STREET ADDRESS	401 EXECUTIVE CENTER DR., A107	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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: *Emmanuel Jenkins* **FILED** 01/07/98 (56)881-9801

CR2E037 (10/97)

**D**  
**Gipson, Benjamin**  
**3021 N.W. 25th Street**  
**Ft. Lauderdale, Fl 33311**

**Addition**

**D**  
**Gipson, Susan**  
**3021 N.W. 25th Street**  
**Ft. Lauderdale, Fl 33311**

**Addition**

**D**  
**Smith, Reginald**  
**4343 Australian Avenue**  
**West Palm Beach, Florida 33407**

**Addition**

**D**  
**Smith, Janice**  
**4343 Australian Avenue**  
**West Palm Beach, Florida 33407**

**Addition**