


FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N49304 (1)</b> 1. Corporation Name <b>AGAPE CHRISTIAN SCHOOL, INC.</b>			
Principal Place of Business <b>629 S. PINE ST. NEW SMYRNA BEACH FL 32169 US</b>		Mailing Address <b>PO BOX 1205 EDGEWATER FL 32132-1205 US</b>	
2. Principal Place of Business <b>21</b> <i>SAME</i>		2a. Mailing Address <b>26</b> <i>SAME</i>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Country <b>25</b>	
Zip <b>29</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>POWERS, KAREN 2816 UMBRELLA TREE DR. EDGEWATER FL 32141</b>		10. Name and Address of New Registered Agent <b>81</b> Name <i>Joan Cox</i> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <i>162 Godfrey Rd.</i> <b>83</b> <b>84</b> City <i>Edgewater</i> <b>85</b> Zip Code <i>32141</i>	
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 <i>Joan M. Cox</i> <i>Joan Cox / Treasurer</i> <i>4/24/97</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POWERS, ROGER 2616 UMBRELLA TREE DR. EDGEWATER FL 32141 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD John Barker 2011 Knittle Cir. New Smyrna Bch, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GIANNOLA, VENICE 2132 SABAL PALM DR. EDGEWATER FL 32141 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD Jackie Van Winkle 2418 Woodland Dr. Edgewater, FL 32141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POWERS, KAREN 2816 UMBRELLA TREE DR. EDGEWATER FL 32141 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD Leslie Inman 1301 16th Street Edgewater, FL 32132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCCONCHIE, CECILE 1711 EDGEWATER DR. EDGEWATER FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VD Joan M. Cox 162 Godfrey Rd. Edgewater, FL 32141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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: <i>Joan M. Cox</i> <i>Joan M. Cox</i> <i>4/24/97</i> <i>904-927-6830</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0002748</small>			



CR2E037 (9/96)