

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90091 022 ****70.00

DOCUMENT # N93000001346

1. Corporation Name

AGAPE HOUSE MINISTRY, INC.

Principal Place of Business

710 S BAY ST
EUSTIS FL 32726
US

Mailing Address

PO BOX 975
EUSTIS FL 32727
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/19/1993

4. FEI Number

59-3221095

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

HOLDER, RON
37421 MYRTLE DR
UMATILLA FL 32784

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	D	<input checked="" type="checkbox"/> DELETE
NAME	NAPPER, JAMES	
STREET ADDRESS	230 FROSTI WAY	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTTERFIELD, ELAINE	
STREET ADDRESS	751 OLD MT DORA ROAD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GERKEN, OSCAR	
STREET ADDRESS	1607 ALAN DRIVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOLDER, RON	
STREET ADDRESS	37421 MYRTLE DRIVE	
CITY-ST-ZIP	UMATILLA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GLIENKE, CINDY	
STREET ADDRESS	806 HILL ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WERKHEISER, KEVIN	
STREET ADDRESS	21 NORTH GROVE STREET	
CITY-ST-ZIP	EUSTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rev. Gary Logan	
1.3 STREET ADDRESS	3170 Garland Way	
1.4 CITY-ST-ZIP	Mount Dora, Florida 32757	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rev. Bill Tyson	
6.3 STREET ADDRESS	3002 Limont Lane	
6.4 CITY-ST-ZIP	Eustis, Florida 32726	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Ronald E. Irvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99

352-357-0048

0013736

CR2E037 (11/98)