1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9300001346 1. Corporation Name

AGAPE HOUSE MINISTRY, INC.

Principal Place of Business
710 S BAY ST
EUSTIS FL 32726

Mailing Address

PO BOX 975 **EUSTIS FL 32727** 

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

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Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,	Not A 8.75 Add Fee Requ 55.00 Ma Added to F	Applicable ditional uired
City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Again  Some and Address of Current Registered Agent  HOLDER, RON  37421 MYRTLE DR  UMATILLA FL 32784  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Street Address (P.O. Box Number is Not Acceptable)  Signature with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of change frice 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. Vice CAPITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY STATE  STREET ADDRESS	Not A 8.75 Add Fee Requ 55.00 Ma Added to F	Applicable ditional uired
City & State  Zip Country  Zip Country  A 25 29 29 30 30 Election Campaign Financing Trust Fund Contribution  9. Name and Address of Current Registered Agent  HOLDER, RON  37421 MYRILE DR  UMATILLA FL 32784  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 change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. Vice OPILITINIS/CHANGES TO OFFICERS AND DIRECTORS  13. NAME  NAPPER, JAMES  STREET ADDRESS  230 FROSTI WAY  LOTH TILE  D NAME  BUTTERFIELD, ELAINE  5. Certificate of Status Desired Statutes  5. Certificate of Status Desired Statutes  6. Election Campaign Financing  Frust Fund Contribution  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85  85  86 City  FL  85  85  Street Address (P.O. Box Number is Not Acceptable)  86  87  88  89  80  80  80  81  81  81  81  82  84  84  84  85  84  85  84  85  84  85  84  85  84  85  84  85  84  85  84  84	Fee Requ 5.00 Ma Added to F	uired lay Be
Zip Country Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution 7.  24 25 29 30 Trust Fund Contribution 7.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Street Address (P.O. Box Number is Not Acceptable)  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 change was authorized by the corporation's board of directors. I hereby accept the appointment 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 13. Vice ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. TITLE Rev. Cary Logan 3170 Cartlard Viey Fourt Dora, Florida 32757 FURTHER Rev. Cary Logan 3170 Cartlard Viey Fourt Dora, Florida 32757 FURTHER CHAME BUTTERFIELD, ELAINE 14 CITY-ST-ZIP FURTHER 22 NAME BUTTERFIELD, ELAINE 22 NAME 8 SUTTERFIELD, ELAINE	5.00 M Added to I	lay Be
Zip	Added to F	•
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  HOLDER, RÖN 37421 MYRTLE DR UMATILLA FL 32784  22 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85  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 change of 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13.  Vice OFFICERS AND DIRECTORS 14.  Vice OFFICERS AND DIRECTORS 14.  Vice OFFICERS AND DIRECTORS 14.		Fees
HOLDER, RON 37421 MYRTLE DR: UMATILLA FL 32784  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 change 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 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.  NAME  NAPPER, JAMES  STREET ADDRESS  GITY-ST-ZIP  FUSTIS FL  TITLE  D  D  DELETE  21 TITLE  D  BUTTERFIELD, ELAINE	<u> </u>	
HOLDER, RON 37421 MYRTLE DR UMATILLA FL 32784  83  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 change of 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13.  Vice OFFICERS AND DIRECTORS  TITLE  NAME  NAPPER, JAMES  STREET ADDRESS  CITY-ST-ZIP  FUSTIS FL  TITLE  D  D  DELETE  21 TITLE  D  BUTTERFIELD, ELAINE		
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12. OFFICERS AND DIRECTORS  13. VICE CONSTITUTE NAME NAPPER, JAMES STREET ADDRESS GITY-ST-ZIP TITLE D NAME BUTTERFIELD, ELAINE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) United Agent signature required when reinstating) Vice Children Rev. Cary Logan 3170 Carland Very Lount Dora, Florida 32757	nt as regis	sterea
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STREET ADDRESS CITY-ST-ZIP EUSTIS FL 13 STREET ADDRESS LACITY-ST-ZIP EUSTIS FL 14 CITY-ST-ZIP DOra, Florida 32757  TITLE D D DELETE 21 TITLE 22 NAME 22 NAME		
CITY-ST-ZIP EUSTIS FL 14 CITY-ST-ZIP FOUND 10073, F10/E104 32/77  TITLE D D DELETE 21 TITLE  NAME BUTTERFIELD, ELAINE 22 NAME		
TITLE D DELETE 2.1 TITLE NAME BUTTERFIELD, ELAINE 22 NAME		
NAME BUTTERFIELD, ELAINE 22 NAME	Change	Addition
STREET ADDRESS 751 OLD MT DORA ROAD 23 STREET ADDRESS 23 STREET ADDRESS		
CITY-ST-ZIP EUSTIS FL 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE 3.	Change	Addition
ante DS	Dilange	
NAME GERKEN, OSCAR 32 NAME		
STREET ADDRESS 1607 ALAN DRIVE 3.3 STREET ADDRESS		
CITY-ST-ZIP EUSTIS FL 3.4. CITY-ST-ZIP	Change	Addition
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NAME HOLDER, RON 4.2 NAME		
STREET ADDRESS 37421 MYRTLE DRIVE 4.3 STREET ADDRESS		
CITY-ST-ZIP UMATILLA FL 44 CITY-ST-ZIP	Ohans -	
INCE   STATE	Change	Addition
NAME GLIENKE, CINDY 52 NAME		
STREET ADDRESS 806 HILL ST 5.3 STREET ADDRESS		
CITY-ST-ZIP EUSTIS FL 54 CITY-ST-ZIP		
TIME TOTAL DIRECTOR Director	Change	Addition
NAME WERKHEISER, KEVIN 62 NAME Rev. Bill Tyson		
STREET ADDRESS 21 NORTH GROVE STREET 63 STREET ADDRESS 3002 Limitont Lane		
CITY-ST-ZIP EUSTIS FL 64CITY-ST-ZIP SUZZ EITHCH LAIE  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)(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 officer or director of the corporation Block 12 or Block 13 if changed of

SIGNATURE: