**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $163 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $392)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:21

DOCUMENT # **N93000002188 (1)**

1. Corporation Name

**AGAPE CHRISTIAN COUNSELING CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 308-E M.L. KING BLVD.<br>SUITE F<br>TAMPA FL 33603<br>US | 308-E. M.L. KING BLVD.<br>SUITE F<br>TAMPA FL 33603<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 05/10/1993 | 3a. Date of Last Report: 06/14/1994 |
| 4. FEI Number: 59-3185054 | ☐ 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ | FILING FEE IS $61.25 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / County 25 | Zip 29 / County 30 |

**9. Name and Address of Current Registered Agent**

PHILLIPS, MILDRED W.
308-E M.L. KING BLVD.
SUITE F
TAMPA FL 33603

**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 Mildred W. Phillips Mildred W. Phillips 6/08/95
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | PHILLIPS, MILDRED | 12 NAME | | |
| STREET ADDRESS | 4020 ARROYO LANE | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33624 | 14 CITY-ST-ZIP | | |
| TITLE | VD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | GANNS, JOAN | 22 NAME | | |
| STREET ADDRESS | 15144 NIGHTHAWK DRIVE | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33625 | 24 CITY-ST-ZIP | | |
| TITLE | SD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | FLORES, SYLVIA | 32 NAME | | |
| STREET ADDRESS | 7604 LAKE CYPRESS DR. | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | ODESSA FL | 34 CITY-ST-ZIP | | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHANSSON, MELISSA | 42 NAME | | |
| STREET ADDRESS | 11649 FOX CREEK DR. | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | PERKINS, SARA | 52 NAME | | |
| STREET ADDRESS | 5830 MEMORIAL HWY., #111 | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHANSSON, DAN | 62 NAME | | |
| STREET ADDRESS | 11649 FOX CREEK DR. | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 64 CITY-ST-ZIP | | |

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Joan C Ganns Joan C Ganns 6/8/1995 (813) 239-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018002