

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002188 (1)
 1. Corporation Name

AGAPE CHRISTIAN COUNSELING CENTER, INC.



Principal Place of Business: **308-E M.L. KING BLVD. SUITE F TAMPA FL 33603 US**
 Mailing Address: **308-E M.L. KING BLVD. SUITE F TAMPA FL 33603 US**

3. Date Incorporated or Qualified: **05/10/1993** 3a. Date of Last Report: **06/14/1995**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **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 DATE: 6-6-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	PHILLIPS, MILDRED	
STREET ADDRESS	4020 ARROYO LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	GANNS, JOAN	
STREET ADDRESS	15144 NIGHTHAWK DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	FLORES, SYLVIA	
STREET ADDRESS	7604 LAKE CYPRESS DR.	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/>
NAME	JOHANSSON, MELISSA	
STREET ADDRESS	11649 FOX CREEK DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/>
NAME	PERKINS, SARA	
STREET ADDRESS	5830 MEMORIAL HWY., #111	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/>
NAME	JOHANSSON, DAN	
STREET ADDRESS	11649 FOX CREEK DR.	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Ritz Ruhe' (President)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	308-E.M.L King Blvd.		
1.3 STREET ADDRESS	Tampa, Fla 33603		
1.4 CITY-ST-ZIP			
2.1 TITLE	Director/Founder	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Mildred W. Phillips		
2.3 STREET ADDRESS	4020 - Arroyo Lane		
2.4 CITY-ST-ZIP	Tampa, Fla. 33624		
3.1 TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Diane Frey		
3.3 STREET ADDRESS	308-E.M.L King Blvd		
3.4 CITY-ST-ZIP	Tampa, Fla. 33603		
4.1 TITLE	Vice President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Jim Bradford		
4.3 STREET ADDRESS	308-E.M.L King Blvd		
4.4 CITY-ST-ZIP	Tampa, Fla 33603		
5.1 TITLE	Sara Perkins	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	5830 - Gunn Hwy		
5.3 STREET ADDRESS	Apt. 1416 Tampa, Fla 33624		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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)(k), 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: Mildred W. Phillips Mildred W. Phillips 813-239-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)