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May 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

308-E M.L. KING BLVD.  
SUITE F  
TAMPA FL 33603  
US308-E. M.L. KING BLVD.  
SUITE F  
TAMPA FL 33603-3661  
US3. Date Incorporated or Qualified  
05/10/19933a. Date of Last Report  
08/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3185054

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME RUHE, FRITZ  
STREET ADDRESS 308 E. M. L. KING BLVD  
CITY-ST-ZIP TAMPA FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE DF  
NAME PHILLIPS, MILDRED W.  
STREET ADDRESS 4020 ARROYO LANE  
CITY-ST-ZIP TAMPA FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE S  
NAME FREY, DIANE  
STREET ADDRESS 308 E. MARTIN LUTHER KING BLVD  
CITY-ST-ZIP TAMPA FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VP  
NAME BRADFORD, JIM  
STREET ADDRESS 308 E. MARTIN LUTHER KING BLVD  
CITY-ST-ZIP TAMPA FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME PERKINS, SARA  
STREET ADDRESS 5520 GUNN HIGHWAY, APT. 1416  
CITY-ST-ZIP TAMPA FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME JOHANSSON, DAN  
STREET ADDRESS 11649 FOX CREEK DR.  
CITY-ST-ZIP TAMPA FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Mildred W. Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047056

CP2E037 (9/96)