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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000005544 (2)

1. Corporation Name

AGAPE FOUNDATION, INC.



Principal Place of Business

Mailing Address

1622 SOUTH ORANGE AVE.
ORLANDO FL 32806

1622 SOUTH ORANGE AVE.
ORLANDO FL 32806-2021

3. Date Incorporated or Qualified
12/09/1993

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 []

26 []

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 []

27 []

City & State

City & State

23 []

28 []

Zip

Country

Zip

Country

24 []

29 []

30 []

4. FEI Number
59-3215397

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAND, STANLEY I JR
1622 S ORANGE AVE
ORLANDO FL 32806

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 DELETE
NAME D
STREET ADDRESS HAND, STANLEY I
CITY-ST-ZIP 1622 S ORANGE AVE
ORLANDO FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME D
STREET ADDRESS MOORE, LEE ANNE
CITY-ST-ZIP 1622 S ORANGE AVE
ORLANDO FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME D
STREET ADDRESS CARLISLE, SAM
CITY-ST-ZIP 1622 S ORANGE AVE
ORLANDO FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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:

Stanley I Hand Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97
Date

407-843-1707
Daytime Phone # 0016785

CR2E037 (9/96)