

FILE NOW: FILING FEE IS \$61.25

Amended

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001315

1. Corporation Name
AGAPE YOUTH INTERVENTION CENTER INC

Principal Place of Business *Agape Youth Inten. Ctr.*
Mailing Address

1123 22nd St. So.
St. Petersburg, FL 33712

(Same)
1123 22nd St. So.
St. Petersburg, FL 33712
US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified MARCH 7, 1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-8379504	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30		

9. Name and Address of Current Registered Agent

WILMA GREEN, President
2151 26th St So.
St. Petersburg, FL 33712

10. Name and Address of New Registered Agent

81 Name A. ROY SYLVER
82 Street Address (P.O. Box Number is Not Acceptable)
1920 Barcelona Way So
83
84 City St. Petersburg FL 85 Zip Code 33712

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 *Alfred Roy Sylver* DATE 9-15-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	Green, Wilma	1.2 NAME	PRESIDENT
STREET ADDRESS	2151 26th St So.	1.3 STREET ADDRESS	SYLVER, ROY ALBIS
CITY-ST-ZIP	St. Petersburg, FL 33712	1.4 CITY-ST-ZIP	1920 Barcelona Way So St. Petersburg, FL
TITLE	DS	2.1 TITLE	T
NAME	Lopez, Yvette	2.2 NAME	Secretary
STREET ADDRESS	10106 Rosebrook Ct	2.3 STREET ADDRESS	Raynolds, Laverne
CITY-ST-ZIP	TAMPA, FL 33615	2.4 CITY-ST-ZIP	934 Union St So. St. Petersburg, FL 33712
TITLE	TD	3.1 TITLE	T
NAME	CAMERON, WILMA	3.2 NAME	treasurer
STREET ADDRESS	740 37th Ave. So.	3.3 STREET ADDRESS	Pollard, Cheryl
CITY-ST-ZIP	St. Petersburg, FL 33705	3.4 CITY-ST-ZIP	2720 4th Ave. No. St. Petersburg, FL 33713
TITLE	DCV	4.1 TITLE	T
NAME	Green, Donald	4.2 NAME	VICE-PRESIDENT
STREET ADDRESS	2451 14th Ave. So.	4.3 STREET ADDRESS	MOHR, VINCENT
CITY-ST-ZIP	St. Petersburg, FL 33712	4.4 CITY-ST-ZIP	1920 Barcelona Way So St. Petersburg, FL
TITLE	DC	5.1 TITLE	T
NAME	Thompson, Mark	5.2 NAME	TRUSTEE
STREET ADDRESS	3001 54th Ave. So. #610	5.3 STREET ADDRESS	WILMA GREEN
CITY-ST-ZIP	St. Petersburg, FL 33702	5.4 CITY-ST-ZIP	2151 - 26th St. So. ST. PETERSBURG, FL 33712
TITLE	DC	6.1 TITLE	
NAME	CLAUSEN, STAN	6.2 NAME	
STREET ADDRESS	1332 Stewart Blvd	6.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33764	6.4 CITY-ST-ZIP	

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfred Roy Sylver* Date 9/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)