FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT CE STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000001949 (4)

AGAPE HEALING AND DELIVERANCE MINISTRY, INC.

FILED
Jun 19 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address					
1					
2228 CHERBOURG COURT 2228 CHERBOURG COURT ORLANDO FL 32808 ORLANDO FL 32808-5004			T		
ORLANDO FL 32808 ORLANDO FL 32808-					
					3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1996
	lace of Business	2a. Mailing Address			4. FEI Number 2 2 2 1 5 CL Applied For
21		26			59-338 a 594 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be
Zip	Country		Zip Country		Trust Fund Contribution Added to Fees
94	25	29	30	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sime\) Yo
	9. Name and Address of Current		1001		10. Name and Address of New Registered Agent
			81	Name	
GARDNE	ER, BERNITA	60 00-15		Dtr	ddaga (DO Barrish and Mariana)
	ERBOURG COURT	82 Street Ad		Street Ad	ddress (P.O. Box Number is Not Acceptable)
	O Fk 32808		83	1	
-,,			<u> </u>	1 6"	
	•		84	1 1	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.					
agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Derrita Landry 4/29/97					
	Signature, typed or printed name of registered agent			ent signature re	quired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D TUOMAG GUADOM	DELETE	1.1 TITLE		Change Addition
NAME	THOMAS, SHARON		1.2 NAME		
STREET ADDRESS	4535 SAN SEBASTIAN CIRCLE			T ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	DELETE	1.4 CITY -	ST-ZIP	
TITLE	THOMAS, ROGER	☐ DELETE	2.1 TITLE		Change Addition
NAME	4535 SAN SEBASTIAN CIRCLE		2.2 NAME	<i>'</i>	•
STREET ADDRESS	ORLANDO FL 32808			T ADDRESS	
CATY-ST-ZIP TITLE	D D	☐ DELETE	2, 4 CITY- 3,1 TITLE	ST-ZIP	Change Lading
NAME	GARDNER, BERNITA	C orrest			☐ Change ☐ Addition
STREET ADDRESS	2228 CHERBOURG COURT		3.2 NAME		
	ODIANDO EL CODO		•	T ADDRESS	
CITY-ST-ZIP TITLE	D D	☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	☐ Change ☐ Addition
NAME	GARDNER, ED		4.1 THE		Li Change Li Addition
STREET ADDRESS	2228 CHERBOURG COURT		ľ		
CITY-ST-ZIP	ORLANDO FL 32808			T ADDRESS	
TITLE	419 419 4 1 P 05000	DELETÉ	4.4 City-: 5.1 Title	51-ZIP	Change (TAHilipa
NAME			5.2 NAME		Change Condition
STREET ADDRESS				T ADDRESS	(C)
CITY-ST-ZIP			1		* <i>bi</i>
TITLE		DELETÉ	5.4 CITY - S	01-ZIP	Change Addition
NAME			6.2 NAME		200002217712 Addition -06/20/97-01002-021
STREET ADDRESS			6.3 STREET	T ANN DECC	-06/20/9701002021
CITY-ST-ZIP			6.4 CITY - 5	1	***61.25
0111-01-64			■ 0.4 UIIY - 3	31-4IP 1	

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.