

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90158 035 ****61.25

DOCUMENT # N96000001949

1. Corporation Name

AGAPE HEALING AND DELIVERANCE MINISTRY, INC.

482672 - 90158 - 35

Principal Place of Business

**2228 CHERBOURG COURT
ORLANDO FL 32808-5004**

Mailing Address

**2228 CHERBOURG COURT
ORLANDO FL 32808-5004**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/10/1996

4. FEI Number

59-3382594

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

9. Name and Address of Current Registered Agent

**GARDNER, BERNITA
2228 CHERBOURG COURT
ORLANDO FL 32808**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **D THOMAS, SHARON**
STREET ADDRESS **4535 SAN SEBASTIAN CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☒ DELETE

NAME **D THOMAS, ROGER**
STREET ADDRESS **4535 SAN SEBASTIAN CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ DELETE

NAME **D GARDNER, BERNITA**
STREET ADDRESS **2228 CHERBOURG COURT**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ DELETE

NAME **D GARDNER, ED**
STREET ADDRESS **2228 CHERBOURG COURT**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**TREASURER
PURNELL GARDNER
2075 SAN JOSE BLVD
ORL FL 32808**

**D
SHIRLEY HAYES
6839 GALLE CT
ORL FL 32818**

**D
JOHN BARRINGTON
6565 BEHAM CT
ORL FL 32818**

**D
ANTHONY DEWITT
5829 HAFFER LN
ORL FL 32808**

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: **Ed Gardner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

407-294-7425

Daytime Phone #

CR2E037 (11/98)