

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000001949****1. Entity Name**
AGAPE HEALING AND DELIVERANCE MINISTRY, INC.**Principal Place of Business**
1114 E. PLANT ST.
WINTER GARDEN FL 34787**Mailing Address**
2228 CHERBOURG COURT
ORLANDO FL 328085004**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3382594**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GARDNER BERNITA**
2228 CHERBOURG COURT
ORLANDO FL 32808 US**Name**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code****8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.****SIGNATURE** **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25** **9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEWITT ANTHONY		NAME		
STREET ADDRESS	5829 HAVER LN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRINGTON JOHN		NAME		
STREET ADDRESS	6565 BEHAM CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER ED		NAME		
STREET ADDRESS	2228 CHERBOURG COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER BERNITA		NAME		
STREET ADDRESS	2228 CHERBOURG COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES SHIRLEY		NAME		
STREET ADDRESS	6839 GALLE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER PURNELL		NAME		
STREET ADDRESS	2075 SAN JOSE BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: ED GARDNER** **D** **04/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)