## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000001949

Entity Name: AGAPE HEALING AND DELIVERANCE MINISTRY, INC.

FILED May 21, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1114 E. PLANT ST WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 2228 CHERBOURG COURT ORLANDO, FL 328085004 FEI Number: 59-3382594 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARDNER, BERNITA 2228 CHERBOURG COURT ORLANDO, FL 32808 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GARDNER, PURNELL Name: Name: 2075 SAN JOSE BLVD Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: HAYES, SHIRLEY Name: Address: 6839 GALLE CT Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition GARDNER, BERNITA Name: Name: 2228 CHERBOURG COURT Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GARDNER, ED Name: 2228 CHERBOURG COURT Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: () Change () Addition BARRINGTON, JOHN Name: Name: 6565 BEHAM CT Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition DEWITT, ANTHONY Name: Name: Address: 5829 HAFER LN Address: ORLANDO, FL 32808 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED GARDNER PRES 05/21/2002