

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001949

FILED
Aug 06, 2003
Secretary of State

Entity Name: AGAPE HEALING AND DELIVERANCE MINISTRY, INC.

Current Principal Place of Business:

1114 E. PLANT ST.
WINTER GARDEN, FL 34787

New Principal Place of Business:

1136 E. PLANT ST.
WINTER GARDEN, FL 34787

Current Mailing Address:

2228 CHERBOURG COURT
ORLANDO, FL 328085004

New Mailing Address:

P.O BOX 682883
ORLANDO, FL 328682883 US

FEI Number: 59-3382594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, BERNITA
2228 CHERBOURG COURT
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

GARDNER, BERNITA
6839 GALLE CT
ORLANDO, FL 32818 US

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: BERNITA GARDNER

08/06/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GARDNER, PURNELL
Address: 2075 SAN JOSE BLVD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: HAYES, SHIRLEY
Address: 6839 GALLE CT
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: GARDNER, BERNITA
Address: 2228 CHERBOURG COURT
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: GARDNER, ED
Address: 2228 CHERBOURG COURT
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BARRINGTON, JOHN
Address: 6565 BEHAM CT
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: DEWITT, ANTHONY
Address: 5829 HAFFER LN
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARDNER, BERNITA
Address: 6839 GALLE CT
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Change () Addition
Name: GARDNER, ED
Address: 6839 GALLE CT
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

D

08/06/2003

Electronic Signature of Signing Officer or Director

Date