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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000003868 (4)**

1. Corporation Name

AGAPE LOVE HEALING MINISTRIES, INC.

Principal Place of Business

**1452 NORTHWEST 44 STREET
MIAMI FL 33142**

Mailing Address

**POST OFFICE BOX 421116
MIAMI FL 33242-1116**3. Date Incorporated or Qualified
07/23/19963a. Date of Last Report
n/a

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24**25****29****30**

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 **PD** ☐ DELETE
NAME **WILKERSON, ZELENA**
STREET ADDRESS **1452 NORTHWEST 44 STREET**
CITY - ST - ZIP **MIAMI FL 33142**TITLE **VD** ☐ DELETE
NAME **WILLIAMS, LEOLA**
STREET ADDRESS **1452 NORTHWEST 44 STREET**
CITY - ST - ZIP **MIAMI FL 33142**TITLE **TD** ☐ DELETE
NAME **WHITFIELD, ROSA**
STREET ADDRESS **1452 NORTHWEST 44 STREET**
CITY - ST - ZIP **MIAMI FL 33142**TITLE **SD** ☐ DELETE
NAME **WILKERSON, YASMAR**
STREET ADDRESS **1452 NORTHWEST 44 STREET**
CITY - ST - ZIP **MIAMI FL 33142**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ 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 - ZIP2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6843 Van Buren Rd.**
2.4 CITY - ST - ZIP **Jacksonville, FL 32208**3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1463 Van Buren Street**
3.4 CITY - ST - ZIP **Jacksonville, FL 32206**4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Yasman Wilkerson**
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0033948**

CR2E037 (9/96)

Apr 12, 1997 (305) 757-4161