

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED
 98 DEC -4 AM 10:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N96000003868 (4)
 1. Corporation Name
AGAPE LOVE HEALING MINISTRIES, INC.



Principal Place of Business Mailing Address
 1452 NORTHWEST 44 STREET POST OFFICE BOX 421116
 MIAMI FL 33142 MIAMI FL 33242

3. Date Incorporated or Qualified
07/23/1996

4. FEI Number **65-0683381** Applied For
NOT APPLICABLE 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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 28 Zip 29 Country
 24 25 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKERSON, ZELENA | 1.2 NAME | |
| STREET ADDRESS | 1452 NORTHWEST 44 STREET | 1.3 STREET ADDRESS | 100002707491--2 |
| CITY-ST-ZIP | MIAMI FL 33142 | 1.4 CITY-ST-ZIP | -12/09/98--01074--003 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | *****61.25 *****61.25 |
| NAME | WILLIAMS, LEOLA | 2.2 NAME | |
| STREET ADDRESS | 6843 VAN GURDY RD. | 2.3 STREET ADDRESS | 100002707491--2 |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | 2.4 CITY-ST-ZIP | -12/09/98--01074--004 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | *****8.75 *****8.75 |
| NAME | WHITFIELD, ROSA | 3.2 NAME | |
| STREET ADDRESS | 1463 VAN BUREN STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKERSON, YASMAN | 4.2 NAME | |
| STREET ADDRESS | 1452 NORTHWEST 44 STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | Trustee <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Charles Crawford | 5.2 NAME | |
| STREET ADDRESS | 7750 N.W. 4th Ave | 5.3 STREET ADDRESS | Dec 12/98 |
| CITY-ST-ZIP | Miami, FL 33150 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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: Sandra B. Mortham Date: 9/28/98 (305) 754-9150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0013372

CR2E037 (5/98)