

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 10 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 196000003868

1. Corporation Name

Agape Love Healing Ministries, Inc.

Principal Place of Business

Mailing Address

1452 n.w. 44 St. P.O. Box 42-1116
Miami, FL 33142 Miami, FL 33242

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

7/23/1996

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Amesilawyer Chartered
343 Almeria Avenue
Coral Gables, FL 33134

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	Willkerson, Zelena <input type="checkbox"/> DELETE	1.1 TITLE	Zelena Willkerson- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1452 n.w. 44 St.	1.2 NAME	Crawford
STREET ADDRESS	Miami, FL 33142	1.3 STREET ADDRESS	7750 n.w. 44 St
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33150
TITLE VD	Williams, helea <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6843 Van Dundy Rd.	2.2 NAME	
STREET ADDRESS	Sax, FL 32208	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	Rosa Whitfield <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1463 Van Buren St.	3.2 NAME	500003095395--9
STREET ADDRESS	Sax, FL 32206	3.3 STREET ADDRESS	-01/12/00--01006--007
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE SD	Willkerson, Yarnan <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1452 n.w. 44 St.	4.2 NAME	
STREET ADDRESS	Miami, FL 33142	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE TR	Crawford, Charles S. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7750 n.w. 44 Ave.	5.2 NAME	
STREET ADDRESS	Miami, FL 33150	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE CH	Sanders, Dorothy <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11721 SW 185 Ter.	6.2 NAME	
STREET ADDRESS	Miami, FL 33177	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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Zelena W. Crawford

7/21/30, 1999 (904) 633-9559