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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006392

1. Corporation Name

AGAPE PRAISE AND WORSHIP COMMUNITY CHURCH, INC.

Principal Place of Business

5100 HILLSBOROUGH BOULEVARD
COCONUT CREEK FL 33073

Mailing Address

5100 HILLSBOROUGH BOULEVARD
COCONUT CREEK FL 33073



2. Principal Place of Business

21 1008 E. SAMPLE RD

Suite, Apt. #, etc.

22

City & State

23 POMPANO BEACH FL

Zip

24 33064

Country

25 BROWARD

2a. Mailing Address

26 1008 E. SAMPLE RD

Suite, Apt. #, etc.

27

City & State

28 POMPANO BEACH FL

Zip

29 33064

Country

30 BROWARD

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0714695

Applied For

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

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 ☐ DELETE

TITLE PD
NAME DELIMA, NELIS N
STREET ADDRESS 5100 HILLSBOROUGH BOULEVARD
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE VD
NAME FERREIRA, DAVID
STREET ADDRESS 5100 HILLSBOROUGH BOULEVARD
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE SD
NAME BUERQUE, ROSELIANE
STREET ADDRESS 5100 HILLSBOROUGH BOULEVARD
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE TD
NAME RIBEIRO, MARCILIO
STREET ADDRESS 5100 HILLSBOROUGH BOULEVARD
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE TD
NAME WELLINGTON, FORIDA
STREET ADDRESS 5100 HILLSBOROUGH BLVD
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME DE LIMA, NELIS N
1.3 STREET ADDRESS 1008 E. SAMPLE RD
1.4 CITY-ST-ZIP POMPANO BEACH FL - 33064

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME BUARQUE ROSELIANE
2.3 STREET ADDRESS 1008 E. SAMPLE RD
2.4 CITY-ST-ZIP POMPANO BEACH FL 33064

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME STEUB VIVIAN
3.3 STREET ADDRESS 1008 E. SAMPLE RD
3.4 CITY-ST-ZIP POMPANO BEACH - FL 33064

4.1 TITLE TD ☐ Change ☐ Addition
4.2 NAME RIBEIRO, MARCILIO
4.3 STREET ADDRESS 1008 E. SAMPLE RD
4.4 CITY-ST-ZIP POMPANO BEACH FL 33064

5.1 TITLE TD ☐ Change ☐ Addition
5.2 NAME FARIA, WELLINGTON
5.3 STREET ADDRESS 1008 E. SAMPLE RD
5.4 CITY-ST-ZIP POMPANO BEACH FL 33064

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04. 02 99 (954) 941-2128

Date

Daytime Phone #

CR25037 (11/99)