

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000003003

1. Corporation Name

AGAPE OUTREACH PROGRAMS, INC.

Principal Place of Business

4460 CULBREATH RD
BROOKSVILLE FL 34601

Mailing Address

4460 CULBREATH RD
BROOKSVILLE FL 34601

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

59-3448835

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

MILLER, JAMES F
4460 CULBREATH RD
BROOKSVILLE FL 34601

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME MILLER, JAMES F
STREET ADDRESS 4460 CULBREATH ROAD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D ☐ DELETE

NAME LEWIS, JOHN D
STREET ADDRESS 4460 CULBREATH RD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D ☐ DELETE

NAME CLARKSON, STACIE A
STREET ADDRESS 801 A SOUTH MAIN ST
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D ☐ DELETE

NAME MILLER, DALE V
STREET ADDRESS 4460 CULBREATH RD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D ☐ DELETE

NAME LEWIS, KATHY
STREET ADDRESS 4460 CULBREATH RD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 700002974987-9

1.3 STREET ADDRESS -08/31/99--01057--017

1.4 CITY-ST-ZIP *****61.25 *****61.25

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SP

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:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-30-99 352-779-2488
Date Daytime Phone #

000037

CR2E037 (5/99)