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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000003564

1. Corporation Name

NORTHSIDE AGAPE' MINISTRIES, INC.

Principal Place of Business

3790 45TH ST
 VERO BEACH FL 32967

Mailing Address

3790 45TH ST
 VERO BEACH FL 32967



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/19/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3449353

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURSON, HENRY JR.
4545 38TH AVE
VERO BEACH FL 32967

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 DELETE
 NAME **DP**
BURSON, HENRY JR.
 STREET ADDRESS **4545 38TH AVE**
 CITY-ST-ZIP **VERO BEACH FL 32967**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DV**
BURSON, HALLICURTIS W
 STREET ADDRESS **4545 38TH AVE**
 CITY-ST-ZIP **VERO BEACH FL 32967**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DT**
BROXTON, CLAYTON
 STREET ADDRESS **4321 35TH AVE**
 CITY-ST-ZIP **VERO BEACH FL 32967**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **4530 57th Ave**
 3.4 CITY-ST-ZIP **Vero Beach, Fla. 32967**

TITLE DELETE
 NAME **D**
FORBES, URIAS
 STREET ADDRESS **4205 23RD CT**
 CITY-ST-ZIP **VERO BEACH FL 32967**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D**
THORTON, MARGARET
 STREET ADDRESS **4696 58TH AVE**
 CITY-ST-ZIP **VERO BEACH FL 32967**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)