

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90063 029 ****61.25

DOCUMENT # N97000004249

1. Corporation Name

AGAPE COVENANT FELLOWSHIP, INC.

Principal Place of Business

2733 PEACHTREE DRIVE
TALLAHASSEE FL 32304
US

Mailing Address

P.O. BOX 4204
TALLAHASSEE FL 32315-4204



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/28/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3459575

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

KASTNER, NANCY A
2733 PEACHTREE DRIVE
TALLAHASSEE FL 32304

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 TD
STREET ADDRESS DICKEY, REBECCA D
CITY-ST-ZIP 108 BANNERMAN RD
TALLAHASSEE FL 32312

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P/D
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS KASTNER, HAROLD H JR
CITY-ST-ZIP 2733 PEACHTREE DRIVE
TALLAHASSEE FL 32304

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS KASTNER, NANCY A
CITY-ST-ZIP 2733 PEACHTREE DRIVE
TALLAHASSEE FL 32304

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME T/D
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS WALDMANN, LOUIS F.
CITY-ST-ZIP 580 WEST WASHINGTON ST
MONTICELLO FL 32344

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

TITLE ☐ DELETE
NAME S
STREET ADDRESS POGORZELSKI, DELIA H
CITY-ST-ZIP 2453 LANRELL DRIVE
TALLAHASSEE FL 32303

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME S/D
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 D
6.3 STREET ADDRESS Linda Prince
6.4 CITY-ST-ZIP 2606 Faversham Drive
Tallahassee FL 32303

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

April 1, 1999 (850) 487-8489

Date

Daytime Phone #

CR2E037 (11/98)