

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000006069

1. Corporation Name

AGAPE CONSULTANTS, INC.

Principal Place of Business

5864 TRIPHAMMER ROAD
LAKE WORTH FL 33463

Mailing Address

5864 TRIPHAMMER ROAD
LAKE WORTH FL 33463

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/27/1997	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	
22		27		65-0795718	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	
Country		Country			

9. Name and Address of Current Registered Agent

CARSWELL, KENNETH L
5864 TRIPHAMMER ROAD
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 releasing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO ☒ DELETE	1.1 TITLE	SD ☐ Change ☐ Add
NAME	CARSWELL, KENNETH	1.2 NAME	Weingart, Bennie
STREET ADDRESS	5864 TRIPHAMMER ROAD	1.3 STREET ADDRESS	6000 NW 9th St. #4
CITY-ST-ZIP	LAKE WORTH FL 33463	1.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	SD ☒ DELETE	2.1 TITLE	Director ☐ Change ☐ Add
NAME	CARSWELL, JACQUELINE R	2.2 NAME	Carwell, Sharon
STREET ADDRESS	5864 TRIPHAMMER ROAD	2.3 STREET ADDRESS	3762 NW 7th Ave
CITY-ST-ZIP	LAKE WORTH FL 33463	2.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	D ☐ DELETE	3.1 TITLE	TD ☐ Change ☐ Add
NAME	SAWMILLER, CHARLES	3.2 NAME	Nieves, Marcelino
STREET ADDRESS	13558 24TH CT. N.	3.3 STREET ADDRESS	9640 63rd Trail South
CITY-ST-ZIP	LOXAHATCHE FL 33407	3.4 CITY-ST-ZIP	Boynton Beach, FL 33467
TITLE	AD ☐ DELETE	4.1 TITLE	Director ☐ Change ☐ Add
NAME	IVORY, JEFFREY L	4.2 NAME	Shana Boyder
STREET ADDRESS	2448 CRAWFORD CT	4.3 STREET ADDRESS	21500 Circle 105
CITY-ST-ZIP	LANTANA FL 33483	4.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	TD ☒ DELETE	5.1 TITLE	
NAME	IVORY, GRACE K	5.2 NAME	
STREET ADDRESS	2448 CRAWFORD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33482	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 files empowered.

[Handwritten Signature]