

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90106 004 ****61.25

DOCUMENT # N98000000706

1. Corporation Name

GOLD-WILL AGAPE MINISTRIES, INC.

Principal Place of Business

2614 LARMIE STREET
FORT MYERS FL 33916

Mailing Address

2614 LARMIE STREET
FORT MYERS FL 33916



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

02/06/1998

4. FEI Number

65-0860853

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

STURGESS, BETTY G
2614 LARMIE STREET
FORT MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name **Bernitha Copeland**

82 Street Address (P.O. Box Number is Not Acceptable)

2322 9th Ave East
Palmetto, Fla

83 City **Palmetto, Fla**

84 State **FL**

85 Zip Code **33561**

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

Bernitha Copeland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MOORE, MARY W**
STREET ADDRESS **2614 LARMIE STREET**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ DELETE
NAME **MOORE, PARIS**
STREET ADDRESS **2614 LARMIE STREET**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ DELETE
NAME **STURGESS, BETTY G**
STREET ADDRESS **2614 LARMIE STREET**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ DELETE
NAME **STURGESS, WILLIE J SR**
STREET ADDRESS **2614 LARMIE STREET**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ DELETE
NAME **Teresa Williams**
STREET ADDRESS **3022 Buncie St**
CITY-ST-ZIP **Sarasota, Fla 34234**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Teresa Williams
3022 Buncie ST
Sarasota, Fla 34234

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

Mary W. Moore 3/1/99 94-337-9420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0060719

CR2F037-141/98