FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9800002457

1. Corporation Name

AGAPE MISSION FOUNDATION, INC.

Principal Place of Business

Mailing Address

7990 15TH STREET EAST SARASOTA FL 34243

2. Principal Place of Business

7990 15TH STREET EAST SARASOTA FL 34243

2a. Mailing Address

FILED Mar 03, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

21		26				04/29/19	998]
Suite, Apt.	#, etc.		Apt. #, etc.			4. FEI Numbe			App	ied For
22		27			•	1			Not	Applicable
City & Stat	te	City &	City & State			5 Codiforto	of Status Desired		\$8.75 Ad	
23		28				J. Certificate	JI Status Desired		Fee Req	uired
Zip	Country Zip			Country		6. Election Ca	ampaign Financing		\$5.00 N	tay Be
24	25 29 3					1	Contribution		Added to	Fees
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name					
GARDNER, CHARLES					Street_Addre	ess (P.O. Box Nu	mber is Not Accepta	ible)		
7611 3RD AVENUE NW					<u> 799</u>	0 15"	STE			
BRADENTON FL 34209										
DIVIDENTON LE 07208					City CA	300			85 Zip Co	ode_
				84	رات	KHSOIH		FL	342	43
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508,	Florida Statutes, the	he above	-named corporation	oration submits th	is statement for the	purpose of c	hanging its re Iment as regi	egistered stered
οπιсе or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section	617.0503, Florida	Statutes.		Journa or direc		1. 11	4	
SIGNATURE	CHADLE TO CAON		Charl	10s >	t baw	Lugs		12914	1	
	Signature, typed or printed name of registered agent		. (NOTE: Regi		t signatúre required		· ·	DATE AND	NUDECTOR	IS IN 12
12.	OFFICERS AND	DIRECTORS	[Delete	13.	1	ADDITIONS	CHANGES TO OF	FICERS AND	Change	Addition
TITLE	PRESIDENT			1.1 TITLE					Cuange	
NAME	SPENCER, ROBERT 4820 RIVERVIEW &	N		1.2 NAME						}
STREET ADDRESS	4820 RIVERVIEW	SLVO W.		1.3 STREET						
CITY-ST-ZIP	BRADENTON, FL 3	34207		1.4 CITY-ST	-ZIP				Change	Addition
TITLE	SEC/TRES			2.1 TITLE	į				□ change	L.J Addition
NAME	STANLEY, CRAIG	4.1		2.2 NAME						
STREET ADDRESS	2708 27th AVE DR		1	2.3 STREET	ì	·				-
CITY-ST-ZIP		34205		2 4 CITY-5	T-ZIP			· · ·	☐ Change	Addition
TITLE	DIRECTOR			3.1 TITLE					onungo	
NAME	HEALY, RICHARD			3.2 NAME				•		
STREET ADDRESS	1516 TARPON AVE	~=0		3.3 STREET						
CITY-ST-ZIP	JARASOTA, FL 34	23/		3.4. CITY-5	T-ZIP				☐ Change	Addition
TITLE	DIRECTUR	1		4.1 TITLE					Country	
NAME	BRUMWELL, EVEL	-YN	1	4. 2 NAME						
STREET ADDRESS	SSO LAKESIDE D	K'		4.3 STREET						ļ
CITY-ST-ZIP	BRADENTON, FL 3	14210	_	4.4 CITY-ST	-ZIP				Change	Addition
TITLE				5.1 TITLE 5.2 NAME	-				□ cuanda	☐ \common
NAME	1			5.3 STREET	Annesse					
\$TREET ADDRESS					i					
CITY-ST-ZIP				5.4 CITY-ST 6.1 TITLE	- 211"				Change	Addition
TITLE										- Addition
NAME			E.	6.2 NAME	ADDRESS					ľ
STREET ADDRESS	1			6.3 STREET						
				n a CITY, ST	-/I /					

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:

SCHATURE REQUIRED Stanley
THE AND TYPHE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4 1999 (941) 751-7636

J.KZEU3/ (11/98)