

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735674

FILED  
Sep 06, 2007  
Secretary of State

**Entity Name:** AGAPE CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

6 PRESTON LANE  
PALM COST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

6 PRESTON LANE  
PALM COAST, FL 32164

**New Mailing Address:**

**FEI Number:** 51-9672566      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WRIGHT, ERNEST N  
6 PRESTON LANE  
PALM COAST, FL 32164      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WRIGHT, ERNEST N.,  
Address: 6 PRESTON LANE  
City-St-Zip: PALM COAST, FL 32164

Title: VPTD      ( ) Delete  
Name: WRIGHT, LEVONIA  
Address: 6 PRESTON LANE  
City-St-Zip: PALM COAST, FL 32164

Title: D      ( ) Delete  
Name: HORTON, JOANNA  
Address: 424 RIVERSIDE BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D      ( ) Delete  
Name: MATTHEWS, JACQUELINE  
Address: 56 PEPPERCONE  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: SERMONS, SAUNDERS H  
Address: 17 LOWER MOUNTAIN DRIVE  
City-St-Zip: EFFERT, PA 18330

Title: D      (X) Change ( ) Addition  
Name: YEARWOOD, MILDRED A  
Address: 30 VERNON PLACE  
City-St-Zip: MT. VERNON, NY 10552

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEVONIA WRIGHT

VP

09/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date