2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# 735674

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:

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

Name and Address of New Registered Agent:

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: SERMONS, SAUNDERS H
Address: 17 LOWER MOUNTAIN DRIVE
City-St-Zip: EFFERT, PA 18330

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 VPTD 09/03/2008

Electronic Signature of Signing Officer or Director — Date