2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003643

FILED Aug 10, 2009 Secretary of State

Entity Name: AGAPE WITHOUT BORDERS INTERNATIONAL MINISTRIES CORP.

Current P	rincipal Place of Business:	New Principal Place of Business:
	NTSTOWN HWY SSEE, FL 32314	
Current N	lailing Address:	New Mailing Address:
PO BOX 6 TALLAHA	792 SSEE, FL 32314	
In accordan	: 38-3679991 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation of I Address of Current Registered Agent	id not receive the prior notice.
KNIGHT,	ADDIE	
	ABBIE AH BRANCH BLVD SSEE, FL 32309 US	
TALLAHA The above	AH BRANCH BLVD SSEE, FL 32309 US	the purpose of changing its registered office or registered agent, or both,
TALLAHA The above	AH BRANCH BLVD SSEE, FL 32309 US named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
TALLAHA The above in the State	AH BRANCH BLVD SSEE, FL 32309 US named entity submits this statement for e of Florida.	
TALLAHA The above in the Stat	AH BRANCH BLVD SSEE, FL 32309 US e named entity submits this statement for e of Florida. RE:	
TALLAHA The above in the Stat	AH BRANCH BLVD SSEE, FL 32309 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered	Agent Date
TALLAHA The above in the State SIGNATU OFFICER Title: Name: Address:	AH BRANCH BLVD SSEE, FL 32309 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: Y () Delete KNIGHT, ABBIE PASTOR 2493 ARVAH BRANCH BLVD	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: KEITH KNIGHT D 08/10/2009