

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90452 013 ****70.00

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1. Entity Name
AGAPE CHRISTIAN CENTER DELIVERANCE MINISTRIES, INC.



Principal Place of Business
**113 MILL POND COVE
 CRESTVIEW, FL 32539**

Mailing Address
**113 MILL POND COVE
 CRESTVIEW, FL 32539**

50013204



2. Principal Place of Business
77 Beal Parkway NE
 Suite, Apt. #, etc.

3. Mailing Address
400 Glendale Avenue
 Suite, Apt. #, etc.

03132006 Chg-NP CR2E037 (11/05)

City & State
Fort Walton Beach, FL

City & State
Valparaiso, FL

Zip
32548

Country
USA

Zip
32580

Country
USA

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SUTTON, SEQUEDA A
 113 MILL POND COVE
 CRESTVIEW, FL 32539**

7. Name and Address of New Registered Agent
 Name **Sequeda Sutton**
 Street Address (P.O. Box Number is Not Acceptable)
400 Glendale Avenue
 City **Valparaiso** **FL** Zip Code **32580**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sequeda E. Sutton* April 6, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, SEQUEDA E 113 MILL POND COVE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, JAMES A ASST. P 113 MILL POND COVE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINES SR., TYRONE 3409 SKYMASTER COURT CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBB-SHEFFIELD, CLAUDINE 306 SIMS RD FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRAND III, ROBERT 111 MILL POND COVE CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 Glendale Avenue Valparaiso, FL 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 Glendale Avenue Valparaiso, FL 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M La Queena Hines 3409 Sky Master Court Crestview, FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Paul Williamson Jr. 77 Beal Parkway Ft. Walton Beach FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sequeda E. Sutton* Sequeda E. Sutton 4-18-06 (850) 855-8497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #