2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003120

FILED May 21, 2007 Secretary of State

Entity Name: AGAPE CHRISTIAN CENTER DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 77 BEAL PKWY NE 327 CEDAR AVENUE FORT WALTON BEACH, FL 32548 B&C NICEVILLE, FL 32578 **Current Mailing Address: New Mailing Address:** 400 GLENDALE AVE 202 22ND STREET VALPARAISO, FL 32580 NICEVILLE,, FL 32578 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) 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: SUTTON, SEQUEDA A SUTTON, SEQUEDA E 202 22ND STREET 400 GLENDALE AE VALPARAISO, FL 32580 US US NICEVILLE, FL 32578 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: SEQUEDA E. SUTTON 05/21/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SUTTON, SEQUEDA E SUTTON, SEQUEDA E Name: Name: 400 GLENDALE AVE Address: 202 22ND STREET Address: City-St-Zip: VALPARAISO, FL 32580 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: (X) Change () Addition SUTTON, JAMES A ASST. P Name: SUTTON, JAMES A ASST. P Name: Address: 400 GLENDALE AVE Address: 202 22ND STREET City-St-Zip: PENSACOLA, FL 325810 City-St-Zip: NICEVILLE, FL 32587 Title: () Delete Title: (X) Change () Addition HINES, LAQUEENA HINES, LAQUEENA Name: Name: 3409 SKY MASTER CT 426 APPLE DRIVE Address: Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: CRESTVIEW, FL 32539 Title: () Delete Title: () Change () Addition COBB-SHEFFIELD, CLAUDINE Name: Name: Address: 306 SIMS RD Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMSON, PAUL JR Name: Name: 77 BEAL PKWY Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 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: SEQUEDA SUTTON P 05/21/2007