## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003120

FILED Mar 14, 2008 Secretary of State

Entity Name: AGAPE CHRISTIAN CENTER DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 327 CEDAR AVENUE B&C NICEVILLE, FL 32578 **New Mailing Address: Current Mailing Address:** 202 22ND STREET 1097 TEXAS PARKWAY NICEVILLE,, FL 32578 CRESTVIEW, FL 32536 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUTTON, SEQUEDA E SUTTON, SEQUEDA E 202 22ND STREET 1097 TEXAS PARKWAY NICEVILLE, FL 32578 CRESTVIEW, FL 32536 US 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: 03/14/2008 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: 202 22ND STREET Address: 1097 TEXAS PARKWAY Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: CRESTVIEW, FL 32536 Title: () Delete Title: (X) Change ( ) Addition SUTTON, JAMES A ASST. P Name: SUTTON, JAMES A ASST. P Name: Address: 202 22ND STREET Address: 1097 TEXAS PARKWAY City-St-Zip: NICEVILLE, FL 32587 City-St-Zip: CRESTVIEW, FL 32536 Title: () Delete Title: () Change () Addition HINES, LAQUEENA Name: Name: 426 APPLE DRIVE Address: Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition COBB-SHEFFIELD, CLAUDINE Name: Name: SHEPHERD, DANITA 591 WINGSPANG WAY Address: 306 SIMS RD Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: CRESTVIEW, FL 32536 Title: () Delete Title: (X) Change ( ) Addition WILLIAMSON, PAUL JR POPE, MALCOM Name: Name: 77 BEAL PKWY 1259 WOOD IRIS LANE Address: Address: FORT WALTON BEACH, FL 32548 City-St-Zip: City-St-Zip: LAWRENCEVILLE, GA 30045 Title: () Delete Title: ( ) Change (X) Addition COBB. CLAUDEEN Name: Name: Address: Address: 306 SIMS RD FORT WALTON BEACH, FL 32547 City-St-Zip: 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 E. SUTTON P 03/14/2008