

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-16-2008 90047 005 ****75.00

DOCUMENT # N07000009440			
1. Entity Name AGAPE MINISTRIES OF GRACE, INC.			
Principal Place of Business 511 S HIGHLANDS DRIVE HOLLYWOOD, FL 33021		Mailing Address 511 S HIGHLANDS DRIVE HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 511 SOUTH HIGHLANDS DRIVE Suite, Apt. #, etc. HOLLYWOOD City & State FL 33021 Zip 33021 Country U.S.		3. Mailing Address 511 S. Highlands DR. Suite, Apt. #, etc. HOLLYWOOD City & State Florida Zip 33021 Country U.S.	
4. FEI Number 32-0221024		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEWIS, GENEVA 2330 NW 208TH ST OPA LOCKA, FL 33056 PRESIDENT		7. Name and Address of New Registered Agent Name AGAPE MINISTRIES OF GRACE INC. Street Address (P.O. Box Number is Not Acceptable) 511 SOUTH HIGHLANDS DRIVE HOLLYWOOD City FL Zip Code 33021	
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 <u>Geneva Lewis</u> GENEVA LEWIS <u>3/2/2008</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature is required when reappointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, GENEVA 2330 NW 208TH STREET OPA LOCKA, FL 33056 PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARCEA JEFFERSON 2534 Wiley Street Hollywood Florida 33020 TRUSTEE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRUDWICK, SYLVIA 511 S HIGHLANDS DRIVE HOLLYWOOD, FL 33021 SEC/TREASURER	TITLE NAME STREET ADDRESS CITY-ST-ZIP	garice Rhymes 3912 N 4th Ave. Miami, Florida 33127 TRUSTEE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DERONIA 18801 NW 11TH PLACE MIAMI, FL TRUSTEE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSIER, GEORGE 1554 N 12TH COURT #9A HOLLYWOOD, FL 33019 TRUSTEE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Geneva Lewis</u> (PRESIDENT) <u>3/2/2008</u> Signature and typed or printed name of signing officer or director Date Daytime Phone #			

Geneva Lewis