2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N07000009440

Entity Name: AGAPE MINISTRIES OF GRACE, INC.

Current Principal Place of Business:

511 SOUTH HIGHLANDS DRIVE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

511 S. HIGHLANDS DR.
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 32-0221024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWISS, GENEVA
2330 NW 208TH ST
OPA LOCKA, FL 33056 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEWIS, GENEVA
Address: 2330 NW 208TH STREET
City-St-Zip: OPA LOCKA, FL 33056

Title: ST ( ) Delete
Name: STRUDWICK, SYLVIA
Address: 511 S HIGHLANDS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Delete
Name: THOMPSON, DERONIA
Address: 18801 NW 11TH PLACE
City-St-Zip: MIAMI, FL

Title: T ( ) Delete
Name: HOSIER, GEORGE
Address: 1554 N 12TH COURT #9A
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete
Name: JEFFERSON, MARCEA
Address: 2534 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: T (X) Delete
Name: RBYNCES, JANICE
Address: 5912 N 4TH AVE.
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: THOMPSON, DERONIA
Address: 18801 NW 11TH PLACE
City-St-Zip: MIAMI, FL 33169

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DERONIA THOMPSON T 03/17/2009

Electronic Signature of Signing Officer or Director — Date