

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007749

Entity Name: AGAPE EDUCATIONAL MEDIA, INC.**Current Principal Place of Business:**4000 HWY 90, SUITE F
PACE, FL 32571**Current Mailing Address:**4000 HWY 90, SUITE F
PACE, FL 32571 US**FEI Number:** 26-0672612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIDDICK, DALE
1120 BLACKBERRY CIRCLE
BAKER, FL 32531 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title P, D
Name STEELMAN, LAWRENCE E
Address 5581 OAKMONT DR
City-State-Zip: PACE FL 32571

Title V, D
Name RIDDICK, DALE
Address 1120 BLACKBERRY CIR
City-State-Zip: BAKER FL 32531

Title V, D
Name PETERSON, KEVIN
Address 6467 ARBOR LANE
City-State-Zip: GULF BREEZE FL 32563

Title D
Name LONG, LISA
Address 2770 OLD CHEMSTRAND RD
City-State-Zip: CANTONMENT FL 32533

Title S, T
Name RIDDICK, SANDRA
Address 1120 BLACKBERRY CIRCLE
City-State-Zip: BAKER FL 32531

Title D
Name TAYLOR, BOBBY
Address 2942 GREYSTONE DR
City-State-Zip: PACE FL 32571

I hereby 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 all other like empowered.

SIGNATURE: SANDRA RIDDICK**SEC/TREAS****02/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date