2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008628

Entity Name: AGAPE 24 MINISTRIES INCORPORATED

Current Principal Place of Business:

1810 BAINBRIDGE AVE PENSACOLA. FL 32507

Current Mailing Address:

1323 JASPER ST

CANTONMENT. FL 32533 US

FEI Number: 27-3170747 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SUTTON, SEQUEDA 1323 JASPER ST CANTONMENT, FL 32533 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

FILED Apr 01, 2014

Secretary of State

CC0801959657

Officer/Director Detail:

TitlePASTOR, CEOTitlePASTOR, COONameSUTTON, SEQUEDA DR.NameSUTTON, JAMES AAddress1323 JASPER STAddress1323 JASPER ST

City-State-Zip: CANTONMENT FL 32533 City-State-Zip: CANTONMENT FL 32533

TitleEXECUTIVE SECRETARYTitleDEACONESSNameGALLOWAY, FANITA ANameEZELL, SOPHIA LAddress5662 CEDARTOWN RDAddress906 BARLOW ST

City-State-Zip: MOLINO FL 32577 City-State-Zip: PENSACOLA FL 32526

Title CFO Title CORRESPONDING SECRETARY

Name LEWIS, JEANICE L Name BANKS, LARSHIELLE M

Address 570 SHILOH DRIVE Address 850 HIGHWAY 29 N

PENSACOLA FL 32503

City-State-Zip: PENSACOLA FL 32503 City-State-Zip: CANTONMENT FL 32533

Title DEACON, TREASURER Title OFFICER

Name GALLOWAY, JAMES Name SMITH, JONQUINETTA E

Address 5662 CEDARTOWN RD Address 1323 JASPER ST

City-State-Zip: MOLINO FL 32577 City-State-Zip: CANTONMENT FL 32533

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: SEQUEDA E. SUTTON PASTOR / CEO 04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date