

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000779

**Entity Name:** AGAPE BELIEVERS FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

1233 45TH STREET., SUITE B-1  
MANGONIA PARK, FL 33407

**Current Mailing Address:**

1233 45TH STREET., SUITE B-1  
MANGONIA PARK, FL 33407 US

**FEI Number:** 81-5152095

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRIER, LAURA  
1166 HATTERAS CIRCLE  
GREENACRES, FL 33413 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:** LAURA GRIER

04/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JENKINS, EMMANUEL  
Address 4197 N HAVERHILL RD  
APT. #206  
City-State-Zip: WEST PALM BEACH FL 33417

Title D  
Name JENKINS, CLARITHA  
Address 4197 N HAVERHILL RD  
APT. #206  
City-State-Zip: WEST PALM BEACH FL 33417

Title D  
Name THOMAS, WILBERT  
Address 2310 DORSON WAY  
City-State-Zip: DELRAY BEACH FL 33445

Title D  
Name THOMAS, KAMINIQUE  
Address 2310 DORSON WAY  
City-State-Zip: DELRAY BEACH FL 33445

Title D  
Name GRIER, LAURA  
Address 1166 HATTERS CIR  
City-State-Zip: GREENACRES FL 33413

Title D  
Name PITTS, ROGER  
Address 7851 ELWOOD DRIVE  
City-State-Zip: LAKE WORTH FL 33467

*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:** LAURA A GRIER

**REGISTERED AGENT**

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date