

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735674

FILED  
Jul 26, 2005  
Secretary of State

Entity Name: AGAPE CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

29 TWIN RIVERS DRIVE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

29 TWIN RIVERS DRIVE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 51-9672566      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WRIGHT, ERNEST N  
29 TWIN RIVERS DRIVE  
ORMOND BEACH, FL 32174      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WRIGHT, ERNEST N.,  
Address: 29 TWIN RIVERS DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPTD      ( ) Delete  
Name: WRIGHT, LEVONIA  
Address: 29 TWIN RIVERS DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: MACK, DIANE  
Address: 413 LOCKHART STREET  
City-St-Zip: DAYTONA BEACH, FL 32114

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: HORTON, JOANNA  
Address: 424 RIVERSIDE BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D      ( ) Change (X) Addition  
Name: MATTHEWS, JACQUI  
Address: 18 ROXBURY LANE  
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEVONIA WRIGHT

VPTD

07/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date