

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735674

FILED
May 31, 2006
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:

6 PRESTON LANE
PALM COST, FL 32164

Current Mailing Address:

29 TWIN RIVERS DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

6 PRESTON LANE
PALM COAST, FL 32164

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:

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

Name and Address of New Registered Agent:

WRIGHT, ERNEST N
6 PRESTON LANE
PALM COAST, FL 32164 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: _____

05/31/2006

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: HORTON, JOANNA
Address: 424 RIVERSIDE BLVD.
City-St-Zip: DAYTONA BEACH, FL 32118

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WRIGHT, ERNEST N.,
Address: 6 PRESTON LANE
City-St-Zip: PALM COAST, FL 32164

Title: VPTD (X) Change () Addition
Name: WRIGHT, LEVONIA
Address: 6 PRESTON LANE
City-St-Zip: PALM COAST, FL 32164

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

Title: D (X) Change () Addition
Name: MATTHEWS, JACQUELINE
Address: 56 PEPPER CONE
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 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: LEVONIA WRIGHT

VPTD

05/31/2006

Electronic Signature of Signing Officer or Director

Date