

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756810

FILED
Feb 24, 2009
Secretary of State

Entity Name: AGAPE FLIGHTS, INC.

Current Principal Place of Business:

100 AIRPORT AVE
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

100 AIRPORT AVE
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 59-2057436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, CHARLES I.
20532 CAPELLO DR.
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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: VP () Delete
Name: MCANINCH, ARTHUR
Address: 6003 39TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34209

Title: PD () Delete
Name: JONES, ROBERT
Address: 1120 26TH ST W
City-St-Zip: BRADENTON, FL 34205 US

Title: D () Delete
Name: LAYTON, MICHAEL
Address: 6548 BOWLINE DR
City-St-Zip: SARASOTA, FL 34231 US

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

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

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

Title: D () Change (X) Addition
Name: HOWARD, TIM
Address: 3336 LAKEVIEW LN.
City-St-Zip: NORTH PORT, FL 34287 US

Title: D () Change (X) Addition
Name: KOCH, STEVE
Address: 1131 LOGAN ST.
City-St-Zip: LOUISVILLE, KY 40204 US

Title: D () Change (X) Addition
Name: ARMSTRONG, DICK
Address: 1208 TUSCANY BLVD.
City-St-Zip: VENICE, FL 34292 US

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT JONES

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date