

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001958

FILED
May 02, 2008
Secretary of State

Entity Name: AGAPE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

111 W. CENTRAL AVE, #7321
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7321
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 03-0447482 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:

PHILIP, REGI T
111 W. CENTRAL AVE, #7321
WINTER HAVEN, FL 33880

Name and Address of New Registered Agent:

PHILIP, REGI T
111 W. CENTRAL AVE, #7321
WINTER HAVEN, FL 33880

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: REGI T. PHILIP

05/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHILIP, SAM
Address: 10529 MARTINIQUE ISLE DR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: ABRAHAM, THOMAS
Address: 9915 VIA BERNINI
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: KOSHY, M.
Address: 4433 N.W. 89TH WAY
City-St-Zip: CORAL SPRINGS, FL 33065

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PHILIP, REGI T
Address: 111 W. CENTRAL AVE, #7321
City-St-Zip: WINTER HAVEN, FL 33880

Title: O (X) Change () Addition
Name: ABRAHAM, THOMAS
Address: 9915 VIA BERNINI
City-St-Zip: LAKE WORTH, FL 33467

Title: O (X) Change () Addition
Name: KOSHY, M.
Address: 4433 N.W. 89TH WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: O () Change (X) Addition
Name: PHILIP, SAM
Address: 10529 MARTINIQUE ISLE DR
City-St-Zip: TAMPA, FL 33647

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: REGI T. PHILIP

D

05/02/2008

Electronic Signature of Signing Officer or Director

Date