## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00679

FILED Apr 29, 2005 Secretary of State

Entity Na	me: AGAPE F	FAITH CENTER MINISTRIES,	INCORPORATED		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
936 NW 3 GAINESV	1ST AVE ILLE, FL 3260	1 US			
Current N	lailing Addre	ss:	New Mailing Address	s:	
P. O BOX GAINESV	5986 ILLE, FL 3262	75986			
FEI Number	: 59-1121987	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
11835 S.V	, RONALD V. 8TH AVE. ILLE, FL 3260	7 US			
	,	1 03			
The above	·		purpose of changing its registered	d office or registered agent, or both,	
The above	e named entity e of Florida. RE:	submits this statement for the			
The above in the Stat	e named entity e of Florida. RE:		ent	Date	
The above in the Stat	e named entity e of Florida. RE:	submits this statement for the nic Signature of Registered Ag	ent		
The above in the Stat	e named entity e of Florida. RE: Electro S AND DIREC	submits this statement for the nic Signature of Registered Age  TORS:  ) Delete  IALD,  H AVENUE	ent	Date	
The above in the Status SIGNATU  OFFICER  Title: Name: Address:	e named entity e of Florida.  RE: Electroi  S AND DIREC  PD ( THOMAS, RON 11835 SW 8TH GAINESVILLE,	submits this statement for the nic Signature of Registered Agerones:  TORS:  Delete HAUE, HAVENUE FL  Delete HCE K HAVE.	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

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: RONALD THOMAS PD 04/29/2005