


# 2007 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90067 011 \*\*\*\*61.25

<b>DOCUMENT # N00679</b> 1. Entity Name <b>AGAPE FAITH CENTER MINISTRIES, INCORPORATED</b>	
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Principal Place of Business <b>936 NW 31ST AVE</b> <b>GAINESVILLE, FL 32601 US</b>	Mailing Address <b>P. O BOX 5986</b> <b>GAINESVILLE, FL 32627-5986</b>
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02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1121987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>THOMAS, RONALD</b> <b>11835 S.W. 8TH AVE.</b> <b>GAINESVILLE, FL 32607</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>THOMAS, RONALD</b> <b>11835 SW 8TH AVENUE</b> <b>GAINESVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>LONG, BEATRICE K</b> <b>1534 S.E. 12TH AVE.</b> <b>GAINESVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>THOMAS, MARVENELLE</b> <b>11835 SW 8TH AVENUE</b> <b>GAINESVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Marvenelle Thomas* *April 29, 07*  
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR