2007 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90067 011 ****61.25

DOCUMENT # N00679

1. Entity Name
AGAPE FAITH CENTER MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
936 NW 31ST AVE GAINESVILLE, FL 32601 US	P. O BOX 5986 GAINESVILLE, FL 32627-5986

02072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1121978 ~~59-1121987~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, RONALD
11835 S.W. 8TH AVE.
GAINESVILLE, FL 32607

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, RONALD
STREET ADDRESS	11835 SW 8TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	TD
NAME	LONG, BEATRICE K
STREET ADDRESS	1534 S.E. 12TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	SD
NAME	THOMAS, MARVENELLE
STREET ADDRESS	11835 SW 8TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #