


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90271 001 ***122.50

DOCUMENT # N00679

1. Entity Name
AGAPE FAITH CENTER MINISTRIES, INCORPORATED



Principal Place of Business
936 NW 31ST AVE
GAINESVILLE, FL 32601 US

Mailing Address
P. O BOX 5986
GAINESVILLE, FL 32627-5986

66008952



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
936 NW 31st Ave
 Suite, Apt. #, etc.

04292008 Chg-NP CR2E037 (12/06)

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32609 Country
U.S.

4. FEI Number
59-1121978

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

7. Name and Address of New Registered Agent

Name
Thomas, Marvenelle

Street Address (P.O. Box Number is Not Acceptable)
11835 S.W. 8th Ave.

City
Gainesville, FL Zip Code
32607

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 **Marvenelle Thomas** DATE **4-29-2008**

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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, RONALD 11835 SW 8TH AVENUE GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONG, BEATRICE K 1534 S.E. 12TH AVE. GAINESVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, MARVENELLE 11835 SW 8TH AVENUE GAINESVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas, Marvenelle 11835 SW 8th Ave Gainesville, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Thomas, Tradina L. 1115 NE 21st Court Gainesville, FL 32641	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **4-29-2008** DAYTIME PHONE # **352-375-5381**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #