2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00679

FILED Apr 28, 2009 Secretary of State

Entity Name: AGAPE FAITH CENTER MINISTRIES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

936 NW 31ST AVE

GAINESVILLE, FL 32609 US

Current Mailing Address: New Mailing Address:

936 NW 31ST AVE GAINESVILLE, FL 32609

FEI Number: 59-1121978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, MARVENELLE UN 11835 SW 8TH AVE GAINESVILLE, FL 32607 US GARVIN, MARVENELLE W 11835 SW 8TH AVE GAINESVILLE, FL 32607 US

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: MARVENELLE W. GARVIN 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition Name: LONG, BEATRICE K Name: LONG, BEATRICE K

 Address:
 1534 S.E. 12TH AVE.
 Address:
 1534 S.E. 12TH AVE.

 City-St-Zip:
 GAINESVILLE, FL
 City-St-Zip:
 GAINESVILLE, FL 32641 US

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 THOMAS, MARVENELLE
 Name:
 GARVIN, MARVIN W

 Address:
 11835 SW 8TH AVENUE
 Address:
 11835 SW 8TH AVENUE

 City-St-Zip:
 GAINESVILLE, FL
 City-St-Zip:
 GAINESVILLE, FL
 32607 US

 Name:
 THOMAS, TRADINA L
 Name:
 THOMAS, TRADINA L

 Address:
 1115 NE 21ST CRT
 Address:
 1115 NE 21ST CRT

 City-St-Zip:
 GAINESVILLE, FL 32641
 City-St-Zip:
 GAINESVILLE, FL 32641 US

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: MARVENELLE W. THOMAS DP 04/28/2009