2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N01000002185

Entity Name: AGAPE OUTREACH MINISTRIES.COM, INC.

Current Principal Place of Business:

2808 AVE D
FT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

PO BOX 1895
FORT PIERCE, FL 349541895

New Mailing Address:

FEI Number: 65-1097366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREDERICK, LEREL SR
1122 HEMLOCK CIRCLE
FT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FREDERICK, LEREL SR
Address: 1122 HEMLOCK CIRCLE
City-St-Zip: FT PIERCE, FL 34947

Title: VD ( ) Delete
Name: FREDERICK, LEREL JR
Address: 11217 LENOX DR.
City-St-Zip: HAMPTON, GA 30228

Title: SD ( ) Delete
Name: ANDERSON, GILDA R
Address: 5805 NW 57TH AVE
City-St-Zip: TAMARIC, FL 32738

Title: TD ( ) Delete
Name: SALTER, ELSIE
Address: 2801 BOOKER STREET
City-St-Zip: FT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LEREL FREDERICK SR PD 04/25/2005

Electronic Signature of Signing Officer or Director — Date