

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002763

FILED
Jun 16, 2009
Secretary of State

Entity Name: AGAPE CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

1140 LEE BLVD
SUITE 106
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1873
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 65-1093902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PHILLIPS, MERCIDIEU
538 WHISPERING WIND
LEHIGH ACRES, FL 33936 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHILLIPS, MERCIDIEU
Address: 538 WHISPERING WIND BEND
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: PLANCHER, ODILE
Address: 2130 HAVARD AVE
City-St-Zip: FT. MYERS, FL 33907

Title: T () Delete
Name: VALCIN, BONAVENTURE B
Address: 249 GROUND CIR
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T () Delete
Name: ROSE, WESLEY
Address: 249 GROUND CIR
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SECR () Delete
Name: PHILLIPS, EMMANUELLA
Address: 538 WHISPERING WIND BEND
City-St-Zip: LEHIGH ACRES, FL 33936

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:

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

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: MERCIDIEU PHILLIPS

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date