

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90003 032 ****75.05

DOCUMENT # N01000002779

1. Entity Name
AGAPE CHURCH OF GOD INTERNATIONAL, INC.



Principal Place of Business
**7201 AMETHYST LANE
ORLANDO, FL 32807**

Mailing Address
**7201 AMETHYST LANE
ORLANDO, FL 32807**



01142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LIMA, ELTOMIR B
7201 AMETHYST LANE
ORLANDO, FL 32807**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIMA, ELTOMIR B 7201 AMETHYST LANE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIMA, ANA ODETTE R 7201 AMETHYST LANE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VALIM GOMES, LEILA B 7201 AMETHYST LANE ORLANDO, FL 32807
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: Eltomir Barbosa Correa Lima
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2006
Date

407-658-22-39
Daytime Phone #