

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004962

FILED
May 08, 2008
Secretary of State

Entity Name: AGAPE MINISTRIES CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

5112 34TH STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5112 34TH STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 02-0645465 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

WINGFIELD, ALVIN
5625 OAKLAND DRIVE
TAMPA, FL 33617 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: PCEO () Delete
Name: WINGFIELD, ALVIN
Address: 5625 OAKLAND DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: TD () Delete
Name: WINGFIELD, DIANE
Address: 5625 OAKLAND DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: TS () Delete
Name: HANLEY, DEBRA A
Address: 10420 HUNTERS HAVEN BLVD
City-St-Zip: RIVERVIEW, FL 33569 US

Title: T () Delete
Name: EDWARDS, ANNE
Address: 7109 WRENWOOD CIR
City-St-Zip: TAMPA, FL 33617 US

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 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: DEBRA A. HANLEY

TS

05/08/2008

Electronic Signature of Signing Officer or Director

Date