

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 06, 2006
Secretary of State

DOCUMENT# N02000008670

Entity Name: AGNUS DEI FOUNDATION, INC.**Current Principal Place of Business:**128 KITTYWAKE DRIVE
NEWPORT NEWS, VA 23602 US**New Principal Place of Business:**1800 11TH STREET NW
WASHINGTON, DC 20001 US**Current Mailing Address:**1800 11TH STREET NW
WASHINGTON, DC 20001 US**New Mailing Address:**1800 11TH STREET NW
WASHINGTON, DC 20001 US**FEI Number:** 01-0651634**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COURTACCESS CENTERS OF AMERICA, INC.
3249 W. CYPRESS STREET
SUITE C
TAMPA, FL 33607 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:** PCEO () Delete
Name: PHOENIX-FRENCH, JOAN R
Address: 128 KITTYWAKE DRIVE
City-St-Zip: NEWPORT NEWS, VA 23602**Title:** SVP () Delete
Name: FRENCH, JOHNNY A
Address: 128 KITTYWAKE DRIVE
City-St-Zip: NEWPORT NEWS, VA 23602**Title:** EXVP () Delete
Name: WILLIAMS, YOCHANAN D
Address: 128 KITTYWAKE DRIVE
City-St-Zip: NEWPORT NEWS, VA 23602**Title:** VP () Delete
Name: D'SILVA, YVONNE
Address: 128 KITTYWAKE DRIVE
City-St-Zip: NEWPORT NEWS, VA 23602**Title:** AD/S () Delete
Name: GAINES-PHOENIX, CLEVELAND G
Address: 128 KITTYWAKE DRIVE
City-St-Zip: NEWPORT NEWS, VA 23602 US**Title:** VP () Delete
Name: ANNETTE, LE BLANC
Address: 1800 11TH STREET NW
City-St-Zip: WASHINGTON, DC 20001 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: RADCLIFFE, WILHELMINA R
Address: 208 LAKEVIEW DRIVE
City-St-Zip: NEWPORT NEWS, VA 23602**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 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: PRESIDENT/JOAN R. PHOENIX-FRENCH

PCEO

10/06/2006

Electronic Signature of Signing Officer or Director

Date