



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000009566</b> 1. Entity Name <b>INNOVATIVE AGAPE' MINISTRIES, INC.</b>						<b>FILED</b> <b>05 JUL 29 AM 11:42</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>1415 SOUTH ADAMS STREET TALLAHASSEE, FL 32301</b>				Mailing Address <b>P.O. BOX 20304 TALLAHASSEE, FL 32316</b>			
2. Principal Place of Business		3. Mailing Address		07262005 Chg-NP CR2E037 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WILSON, VIVIAN 2316 BRYNMAHR DRIVE TALLAHASSEE, FL 32303</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u>Vivian Wilson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>[Signature]</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>7/28/05</u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	FS			TITLE	M		
NAME	JACKSON, ANNETTE <input checked="" type="checkbox"/> Delete			NAME	Jackson, Annette <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	631 STEELE DRIVE			STREET ADDRESS	631 Steele Drive		
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	M <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, JONI			NAME			
STREET ADDRESS	7180 BRADFORDVILLE ROAD			STREET ADDRESS	700058486127		
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP	08/11/05--01050--017 **\$61.25		
TITLE	M <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, JEREME			NAME			
STREET ADDRESS	13809 HERRONWOOD WAY #33			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33919			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>7/28/05</u> (850) 544-7219 <small>Date Daytime Phone #</small>			