2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001419

Name:

Address:

City-St-Zip:

FILED Sep 15, 2004 Secretary of State

Entity Name: AGAPE INTERNATIONAL CHURCH OF GOD 7TH DAY, INC.

Current Principal Place of Business: New Principal Place of Business: 20230 BENTON AVENUE. 3494 BROOKLYN AVENUE PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 **Current Mailing Address: New Mailing Address:** 20230 BENTON AVENUE PORT CHARLOTTE, FL 33952 FEI Number: 56-2318577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURTON, CARLTON A LINDO, PAULINE E 20230 BENTON AVENUE 3494 BROOKLYN AVENUE PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952 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: PAULINE E. LINDO 09/15/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition BURTON, CARLTON A Name: LINDO, CLIVE M Name: 20230 BENTON AVENUE, Address: 3494 BROOKLYN AVE Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 US Title: SEC. () Delete Title: () Change () Addition ANDERSON, ZARA G Name: Name: Address: 13417 THOMASVILLE CIRCLE. Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: Title: TREA () Delete Title: TREA (X) Change () Addition LINDO, PAULINE E LINDO, PAULINE E Name: Name: 3494 BROOKLYN AVENUE, Address: Address: 3494 BROOKLYN AVENUE, City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 US () Change (X) Addition Title: Title: VΡ () Delete RICE, ERIC Name: Name: 6121 LA PORTE Address: Address: City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33981 US Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

WHITE, TEDDY

3207 CABARET ST

PORT CHARLOTTE, FL 33948 US

SIGNATURE: CLIVE M. LINDO PRES 09/15/2004