

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001419

FILED  
Feb 09, 2005  
Secretary of State

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

**Current Principal Place of Business:**

3494 BROOKLYN AVENUE  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

20230 BENTON AVENUE,  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

P.O. BOX 495103  
PORT CHARLOTTE, FL 33949

**FEI Number:** 56-2318577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LINDO, PAULINE E  
3494 BROOKLYN AVENUE  
PORT CHARLOTTE, FL 33952 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: PRES ( ) Delete  
Name: LINDO, CLIVE M  
Address: 3494 BROOKLYN AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: SEC. ( ) Delete  
Name: ANDERSON, ZARA G  
Address: 13417 THOMASVILLE CIRCLE,  
City-St-Zip: TAMPA, FL 33617

Title: TREA ( ) Delete  
Name: LINDO, PAULINE E  
Address: 3494 BROOKLYN AVENUE,  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: V.P ( ) Delete  
Name: RICE, ERIC  
Address: 6121 LA PORTE  
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: DIR. ( ) Delete  
Name: WHITE, TEDDY  
Address: 3207 CABARET ST  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC. (X) Change ( ) Addition  
Name: RICE, MICHELLE Z  
Address: 6121 LA PORTE  
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V.P (X) Change ( ) Addition  
Name: ANDERSON, SEAN  
Address: 17219 URSULA  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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 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.

SIGNATURE: CLIVE M. LINDO

PRES

02/09/2005

Electronic Signature of Signing Officer or Director

Date