2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N04000001580

Entity Name: AGAPE TEMPLE OF FAITH, INC.

Current Principal Place of Business:

995 WEST KENNEDY BOULEVARD
SUITE B26
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

995 WEST KENNEDY BOULEVARD
SUITE B26
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 20-0753774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADISON, EARL R
521 EATON STREET
MAITLAND, FL 32751 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:	D	( ) Delete
Name:	MADISON, EARL R	
Address:	521 EATON ST	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	MADISON, JOYCE L	
Address:	521 EATON ST	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	SMITH, GARY	
Address:	7602 FOREST CITY ROAD	
City-St-Zip:	ORLANDO, FL 32810	
Title:	D	( ) Delete
Name:	WHETSTONE, ROBERT	
Address:	1610 GLADIOLAS DRIVE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	ROBINSON, DEBORAH	
Address:	2431 CARVER AVENUE	
City-St-Zip:	ORLANDO, FL 32810	
Title:	D	( ) Delete
Name:	EAVINS, SARAI	
Address:	116 LINCOLN STREET	
City-St-Zip:	EATONVILLE, FL 32810	

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:	
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: ANJELA LEWIS AA 02/11/2009
Electronic Signature of Signing Officer or Director — Date