

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004062

FILED
Apr 12, 2006
Secretary of State

Entity Name: FLORIDA AGAPE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

26757 SE US 19TH HWY.
OLD TOWN, FL 32680

New Principal Place of Business:

828 N.E.312 AVE.
OLD TOWN, FL 32680

Current Mailing Address:

P. O. BOX 1682
OLD TOWN, FL 32680

New Mailing Address:

828NE 312 AVE.
OLD TOWN, FL 32680

FEI Number: 56-2449381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JOHN D
828 NE 312TH AVE.
OLD TOWN, FL 32680 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: PD () Delete
Name: CLARK, JOHN D
Address: 828 NE 312ND AVE.
City-St-Zip: OLD TOWN, FL 32680

Title: DT () Delete
Name: CLARK, WILLIAM
Address: 455 NE 312ND AVE.
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: BOYGETTE, JACK
Address: 484 NE 80TH AVE.
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLARK, JOHN D
Address: 828 NE 312 AVE.
City-St-Zip: OLD TOWN, FL 32680

Title: DT (X) Change () Addition
Name: CLARK, WILLIAM
Address: 455 NE 312 AVE.
City-St-Zip: OLD TOWN, FL 32680

Title: D (X) Change () Addition
Name: CLARK, WENDY J
Address: 828 NE 312 AVE.
City-St-Zip: OLD TOWN, FL 32680

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: JOHN D. CLARK

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date