

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003828

FILED
Apr 28, 2008
Secretary of State

Entity Name: AGAPE MINISTRY OF HELPS OUTREACH MINISTRIES WORLDWIDE, INCORPORATED

Current Principal Place of Business:

2721 NW 104 CT UNIT 2
GAINESVILLE, FL 32606

New Principal Place of Business:

1505 FORT CLARKE BLVD
17-108
GAINESVILLE, FL 32606

Current Mailing Address:

P.O. BOX 142764
GAINESVILLE, FL 326142764

New Mailing Address:

FEI Number: 83-0418789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONEY, VIRGINIA L
2721 NW 104 CT UNIT 2
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

CONEY, VIRGINIA L
1505 FORT CLARKE BLVD
17-108
GAINESVILLE, FL 32606 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: VIRGINIA L CONEY

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONEY, VIRGINIA L
Address: 913 SW 80TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: LOVEJOY, BONNY N
Address: 455 CORNICHE WAY
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: WALKER, DAHLIA S
Address: 4355 FOUNTAINVIEW LN
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: CONEY, EBONY C
Address: 913 SW 80TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONEY, VIRGINIA L
Address: 1505 FORT CLARKE BLVD.
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Change () Addition
Name: LOVEJOY, BONNY N
Address: 4505 COVE DRIVE
City-St-Zip: ORLANDO, FL 32812

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

Title: D (X) Change () Addition
Name: CONEY, EBONY C
Address: 2849 MAYFLOWER LOOP
City-St-Zip: CLERMONT, FL 34714

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: VIRGINIA L CONEY

DIRE

04/28/2008

Electronic Signature of Signing Officer or Director

Date