

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003828

FILED
Feb 25, 2009
Secretary of State

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

Current Principal Place of Business:

1505 FORT CLARKE BLVD
17-108
GAINESVILLE, FL 32606

New Principal Place of Business:

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
1505 FORT CLARKE BLVD
17-108
GAINESVILLE, FL 32606 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: CONEY, VIRGINIA L
Address: 1505 FORT CLARKE BLVD.
City-St-Zip: GAINESVILLE, FL 32606

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

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: 2849 MAYFLOWER LOOP
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WALKER, DAHLIA S
Address: P.O. BOX 682423
City-St-Zip: ORLANDO, FL 32868

Title: D (X) Change () Addition
Name: CONEY, EBONY C
Address: 15503 BAY VISTA DRIVE
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 CONEY

DIRE

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date