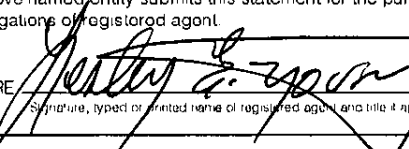


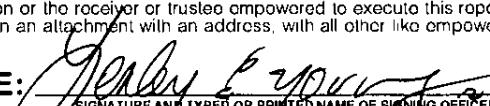
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003934			
1. Entity Name AGAPE PROTECTING MINISTRIES, INC.			
Principal Place of Business 251 TWELVE LEAGUE CIRCLE CASSELBERRY FL 32707		Mailing Address P.O. BOX 300378 FERN PARK FL 32730	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2741220		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON & ROBINSON, INC 805 S KIRKMAN ROAD SUITE 203B ORLANDO FL 32811		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4-6-07 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reissuing)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ED YOUNG, LESLEY E 251 TWELVE LEAGUE CIRCLE CASSELBERRY FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U00000697209 ☐ Change ☐ Addition 04/18/07-80031-017 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D YOUNG, ALICE 251 TWELVE LEAGUE CIRCLE CASSELBERRY FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AD SPAULING, LAMAR 1625 QUEENSWAY ROAD ORLANDO FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S SPAVLDING, BRENDA 1625 QUENNWAY ROAD ORLANDO FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T TRAYVICK, ROBERT 1603 TRAMAN ROAD ORLANDO FL 32807 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	M COLE, EDDIE 545 EARON ST MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4-6-07**
(Signature and typed or printed name of signing officer or director)