

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003934

FILED  
Aug 05, 2008  
Secretary of State

**Entity Name:** AGAPE PROTECTING MINISTRIES, INC.

**Current Principal Place of Business:**

251 TWELVE LEAGUE CIRCLE  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 300378  
FERN PARK, FL 32730

**New Mailing Address:**

**FEI Number:** 20-2741220      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROBINSON & ROBINSON, INC  
805 S KIRKMAN ROAD  
SUITE 203B  
ORLANDO, FL 32811 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: YOUNG, LESLEY E  
Address: 251 TWELVE LEAGUE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: YOUNG, ALICE  
Address: 251 TWELVE LEAGUE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: AD ( ) Delete  
Name: SPAULING, LAMAR  
Address: 1625 QUEENSWAY ROAD  
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete  
Name: SPAULDING, BRENDA  
Address: 1625 QUENNWAY ROAD  
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete  
Name: TRAYVICK, ROBERT  
Address: 1603 TRAMAN ROAD  
City-St-Zip: ORLANDO, FL 32807

Title: M ( ) Delete  
Name: COLE, EDDIE  
Address: 545 EARON ST  
City-St-Zip: MAITLAND, FL 32751

**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: LESLEY E. YOUNG

DIR.

08/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date