2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N05000003934

Entity Name: AGAPE PROFECTING 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 ( )**

Name and Address of Current Registered Agent:

ROBINSON & ROBINSON, INC
805 S KIRKMAN ROAD
SUITE 203B
ORLANDO, FL 32811 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:	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:	SPAVLDING, 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 ED 03/23/2009

Electronic Signature of Signing Officer or Director — Date