

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002633

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** AGAPE HOUSE OF PRAYER INTERNATIONAL MINISTRY INC

**Current Principal Place of Business:**

2082 SAN JOSE BOULEVARD  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

2082 SAN JOSE BOULEVARD  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

GARDNER, BERNITA  
2082 SAN JOSE BOULEVARD  
ORLANDO, FL 32808      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:                      P                      ( ) Delete  
Name:                      GARDNER, ED  
Address:                      2082 SAN JOSE BOULEVARD  
City-St-Zip:                      ORLANDO, FL 32808

Title:                      S                      ( ) Delete  
Name:                      GARDNER, BERNITA  
Address:                      2082 SAN JOSE BOULEVARD  
City-St-Zip:                      ORLANDO, FL 32808

Title:                      D                      ( ) Delete  
Name:                      BARRINGTON, JOHN  
Address:                      6565 BENHAM  
City-St-Zip:                      ORLANDO, FL 32818

Title:                      D                      ( ) Delete  
Name:                      WISE, GERALD  
Address:                      2701 TRADEWIND TR  
City-St-Zip:                      ORLANDO, FL 32805

Title:                      D                      ( ) Delete  
Name:                      POLLARD, DIANE  
Address:                      3299 SPLITWILLOW DRIVE  
City-St-Zip:                      ORLANDO, FL 32808

Title:                      D                      ( ) Delete  
Name:                      SIMMONS, LAQUISHA  
Address:                      4529 SAN SEBASTIAN CIR  
City-St-Zip:                      ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ED GARDNER

P

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date