

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007749

FILED
Apr 15, 2009
Secretary of State

Entity Name: AGAPE EDUCATIONAL MEDIA, INC.

Current Principal Place of Business:

1120 BLACKBERRY CIRCLE
BAKER, FL 32531

New Principal Place of Business:

Current Mailing Address:

1120 BLACKBERRY CIRCLE
BAKER, FL 32531

New Mailing Address:

FEI Number: 26-0672612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDDICK, DALE
1120 BLACKBERRY CIRCLE
BAKER, FL 32531 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, D () Delete
Name: RIDDICK, DALE
Address: 1120 BLACKBERRY CIRCLE
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: COSSEY, PHILLIP
Address: 7435 SAN RAMON DR.
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: MILLER, CHRIS
Address: 3443 MAIKAI DR
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: WARD, TIM
Address: 7135 BAYSHORE DRIVE
City-St-Zip: MILTON, FL 32583

Title: T D () Delete
Name: RIDDICK, SANDRA
Address: 1120 BLACKBERRY CIRCLE
City-St-Zip: BAKER, FL 32531

Title: S D () Delete
Name: GROOVER, AMY
Address: 1486 DUNHURST DRIVE
City-St-Zip: PENSACOLA, FL 32534

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
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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: SANDRA RIDDICK

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date