

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009034

FILED
Jul 21, 2009
Secretary of State

Entity Name: AGAPE FAITH FELLOWSHIP CHURCH INC.

Current Principal Place of Business:

2643 QUEEN ALBERT DR.
VALRICO, FL 33569

New Principal Place of Business:

Current Mailing Address:

2643 QUEEN ALBERT DR.
VALRICO, FL 33569

New Mailing Address:

PO BOX 1094
BRANDON, FL 33509

FEI Number: 26-1981905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SANTOS, JAMIE
2643 QUEEN ALBERT DR.
VALRICO, FL 33569 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: SANTOS, JAMIE
Address: 2643 QUEEN ALBERT DR.
City-St-Zip: VALRICO, FL 33569

Title: S () Delete
Name: BRADLEY, THEODORE
Address: 2643 QUEEN ALBERT DR.
City-St-Zip: VALRICO, FL 33569

Title: T () Delete
Name: CARDE, CARMEN
Address: 2643 QUEEN ALBERT DR.
City-St-Zip: VALRICO, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: BRADLEY, THADEUS
Address: 2019 BALFOUR CIRCLE
City-St-Zip: TAMPA, FL 33619

Title: T (X) Change () Addition
Name: CARDE, CARMEN
Address: 3004 W. ST. JOHN ST
City-St-Zip: TAMPA, FL 33607

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: JAMIE SANTOS

PRES

07/21/2009

Electronic Signature of Signing Officer or Director

Date