

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007770

FILED
Apr 27, 2012
Secretary of State

Entity Name: AGAPE LIFE MISSION MINISTRY, INC.

Current Principal Place of Business:

5091 SHALE RIDGE TRAIL
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

5091 SHALE RIDGE TRAIL
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 45-2855402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NETTLES, STELLA A
5091 SHALE RIDGE TRAIL
ORLANDO, FL 32818 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: PD
Name: NETTLES, STELLA A
Address: 5091 SHALE RIDGE TRAIL
City-St-Zip: ORLANDO, FL 32818

Title: VPD
Name: LEWIS, CHANIE E
Address: 6907 SAWMILL BLVD
City-St-Zip: OCOEE, FL 34761

Title: SD
Name: WHITTINGTON, WANDA E
Address: 2514 SANDY LANE
City-St-Zip: ORLANDO, FL 32818

Title: TD
Name: JONES, ELLA F
Address: 2416 LAUDERDALE COURT
City-St-Zip: ORLANDO, FL 32805

Title: D
Name: REESE, LILA S
Address: 2096 LONGFELLOW COURT
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: GANDY, BRENDA L
Address: 4406 COLONY WAY
City-St-Zip: ORLANDO, FL 32808

I hereby 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 all other like empowered.

SIGNATURE: STELLA A. NETTLES

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date