2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State
03-02-2005 90069 026 ****70.00

DOCUMENT # N40730

1. Entity Name
AGAPE CHRISTIAN MINISTRIES OF HOMESTEAD, INC.

20017325

Principal Place of Business	Mailing Address
30020 S.W. 143 COURT LEISURE CITY, FL 33033	30020 S.W. 143 COURT LEISURE CITY, FL 33033

02252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
13436 SW 291 LANE	P.O. Box 1542
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: HOMESTEAD, FLORIDA	City & State: HOMESTEAD, FLORIDA
Zip: 33033 Country: DADE	Zip: 33090 Country: DADE

4. FEI Number 65-0241065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, LUDLOW, SR. 30020 SW 143 CT LEISURE CITY, FL 33033	Name: LUDLOW WALKER, SR Street Address (P.O. Box Number is Not Acceptable): 13436 SW 291 LANE City: HOMESTEAD FL Zip Code: 33033

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: LUDLOW WALKER, SR., DPT Ludlow Walker 2-25-05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT WALKER, LUDLOW, SR. 30020 SW 143 CT. LEISURE CITY, FL	☐ Delete	DPT WALKER, LUDLOW SR 13436 SW 291 LANE HOMESTEAD, FL. 33033	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WALKER, MILLICENT 30020 SW 143 CT. LEISURE CITY, FL	☐ Delete	DS WALKER, MILLICENT 13436 SW 291 LANE HOMESTEAD, FL 33033	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GINGERICH, LESTER 1025 HONORE AVE SARASOTA, FL 33580	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MILLER, ALVIN W 2519 CARRIAGE FORD RD. CATLETT, VA 20119	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ludlow Walker LUDLOW WALKER, SR. 2-25-05 (305) 245-1831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #