2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40730

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

FILED
Feb 12, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
13436 SW 291 LANE LEISURE CITY, FL 33033	P.O. BOX 1542 LEISURE CITY, FL 33033

02072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

WALKER, LUDLOW, SR.
13436 SW 291 LANE
LEISURE CITY, FL 33033

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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 _____
Signature, typed 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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WALKER, LUDLOW, SR.
STREET ADDRESS	13436 SW 291 LANE
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	DS
NAME	WALKER, MILLICENT
STREET ADDRESS	13436 SW 291 LANE
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	D
NAME	GINGERICH, LESTER
STREET ADDRESS	1025 HONORE AVE
CITY-ST-ZIP	SARASOTA, FL 33580
TITLE	DVP
NAME	MILLER, ALVIN W
STREET ADDRESS	2519 CARRIAGE FORD RD.
CITY-ST-ZIP	CATLETT, VA 20119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/07-60002-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 SR. LUDLOW WALKER 2-7-07 (305) 245-1831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #