

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N40730			
1. Entity Name AGAPE CHRISTIAN MINISTRIES OF HOMESTEAD, INC.			
Principal Place of Business 13436 SW 291 LANE LEISURE CITY FL 33033		Mailing Address P.O. BOX 1542 LEISURE CITY FL 33033	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 is not required when not stating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WALKER, LUDLOW, SR. 13436 SW 291 LANE HOMESTEAD FL 33033 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000823178 02/20/08-80028-002 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALKER, MILLICENT 13436 SW 291 LANE HOMESTEAD FL 33033 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINGERICH, LESTER 1025 HONORE AVE SARASOTA FL 33580 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLER, ALVIN W 2519 CARRIAGE FORD RD. CATLETT VA 20119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** 2-7-08 (305) 245-1831