2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N40730

Entity Name: AGAPE CHRISTIAN MINISTRIES OF HOMESTEAD, INC.

Current Principal Place of Business:

13436 SW 291 LANE
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1542
LEISURE CITY, FL 33033

New Mailing Address:

FEI Number: 65-0241065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, LUDLOW, SR.
13436 SW 291 LANE
LEISURE CITY, FL 33033 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: DPT ( ) Delete
Name: WALKER, LUDLOW, SR.,
Address: 13436 SW 291 LANE
City-St-Zip: HOMESTEAD, FL 33033

Title: DS ( ) Delete
Name: WALKER, MILLICENT,
Address: 13436 SW 291 LANE
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete
Name: GINGERICH, LESTER
Address: 1025 HONORE AVE
City-St-Zip: SARASOTA, FL 33580

Title: DVP ( ) Delete
Name: MILLER, ALVIN W
Address: 2519 CARRIAGE FORD RD.
City-St-Zip: CATLETT, VA 20119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WALKER, LUDLOW SNR P 02/27/2009

Electronic Signature of Signing Officer or Director — Date