2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44837

FILED Apr 07, 2009 Secretary of State

Entity Name: AGAPE BAPTIST CHURCH OF ZEPHYRHILLS, INC.

Current Principal Place of Business: New Principal Place of Business:

39735 CHANCEY RD

ZEPHYRHILLS, FL 33540 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1505

ZEPHYRHILLS, FL 33539 US

FEI Number: 59-3083200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REEVES, WALLACE D

5819-13TH STREET

5439 MILE STRETCH DR

ZEPHYRHILLS, FL 33542 US

GREINER, SUZANNE

5439 MILE STRETCH DR

HOLIDAY, FL 34690 US

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: SUZANNE GREINER 04/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TC () Delete Title: TC (X) Change () Addition Name: REEVES, WALLACE D Name: GREINER, SUZANNE

Address: 5819-13TH STREET Address: 19720 AMAZON BASIN BEND

City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: LUTZ, FL 33559

Title: T () Delete Title: () Change () Addition

 Name:
 CLAYTON, REX
 Name:

 Address:
 7608 CHENNIN RD
 Address:

 City-St-Zip:
 ZEPHYRHILLS, FL
 33540
 City-St-Zip:

 Name:
 STOTT, ALAN
 Name:
 MARSHALL, MARILYN

 Address:
 36323 IMPALA WAY
 Address:
 3205 MOONLIGHT ST

 City-St-Zip:
 ZEPHYRHILLS, FL 33544
 City-St-Zip:
 ZEPHYRHILLS, FL 33543

Title: T () Delete Title: () Change () Addition

 Name:
 CASSON, LARRY
 Name:

 Address:
 3900 PENSDALE DR
 Address:

 City-St-Zip:
 HOLIDAY, FL 34690
 City-St-Zip:

Name: BREINER, CLAUDE Name: GREINER, CLAUDE

Address: 1945 HEATHER OAKS PL Address: 19720 AMAZON BASIN BEND City-St-Zip: TAMPA, FL 33647 City-St-Zip: LUTZ, FL 33559

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: SUZANNE GREINER T 04/07/2009