FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48434 (7)

1. Corporation Name
AGAPE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

Principal Place of Business	Mailing Address
1233 45TH STREET SUITE C-4 WEST PALM BEACH FL 33407 US	1233 45TH STREET SUITE C-4 WEST PALM BEACH FL 33407 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1992
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0323866 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JENKINS, EMMANUEL
31 CROSSING CIRCLE
SUITE E
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, EMMANUEL	1.2 NAME		
STREET ADDRESS	31 CROSSING CIRCLE S-E	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, CLARITHA	2.2 NAME		
STREET ADDRESS	31 CROSSING CIRCLE S-E	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GRIER, LAURA	3.2 NAME		
STREET ADDRESS	66 LAKE ARBOR DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PITTS, CAROL	4.2 NAME	Pitts, Carol	
STREET ADDRESS	952 SELKIRK STREET	4.3 STREET ADDRESS	1611 Avenue H	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	Riviera Beach, Fl	
TITLE	D	5.1 TITLE	D xxx	☐ Change ☐ Addition
NAME	PITTS, ROGER	5.2 NAME	Pitts, Roger	
STREET ADDRESS	952 SELKIRK STREET	5.3 STREET ADDRESS	1611 Avenue H	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	Riviera Beach, Fl	
TITLE	D	6.1 TITLE	S	☒ Change ☐ Addition
NAME	ADAMS, SHARON	6.2 NAME	Adams, Sharon	
STREET ADDRESS	401 EXECUTIVE CENTER DRIVE, C-109	6.3 STREET ADDRESS	470 Executive Center Dr. #3M	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	West Palm Beach, Florida	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Emmanuel Jenkins — February 21, 1995 — (407) 881-9801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048159