
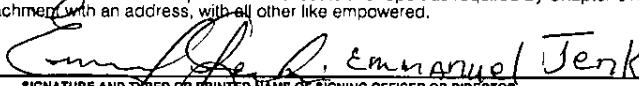


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 DEC 24 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48434			
1. Entity Name AGAPE CHRISTIAN FELLOWSHIP MINISTRIES, INC.			
Principal Place of Business 1233 45TH STREET SUITE C-4 WEST PALM BEACH, FL 33407 US		Mailing Address 1233 45TH STREET SUITE C-4 WEST PALM BEACH, FL 33407 US	
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
6. Name and Address of Current Registered Agent JENKINS, EMMANUEL 2549 WESTCHESTER DRIVE WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, EMMANUEL 2549 WESTCHESTER DRIVE WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400139271204 12/24/08--01045--011 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, CLARITHA 2549 WESTCHESTER DRIVE WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIER, LAURA 1166 HATTERS CIR. GREENACRES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, CAROL 1611 AVENUE H WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Addition 2008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, ROGER 1611 AVENUE H WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMPEY, SHARON 1500 NORTH CONGRESS AVENUE C-28 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pompey, Sharon 1741 SW Columbia Street Port St. Lucie, FL 34987
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: 		11/12/08 561-541-3987	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Document #N48434

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Benjamin Gipson
16874 ORANGE BLVD
LOXAHATCHEE, FL 33470

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Janice Smith 4343
Australian Avenue
West Palm Beach, FL 33407