2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N48434

Entity Name: AGAPE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

1233 45TH STREET
SUITE C-4
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

1233 45TH STREET
SUITE C-4
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0323866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JENKINS, EMMANUEL
2549 WESTCHESTER DRIVE
WEST PALM BEACH, FL 33407 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:	D	( ) Delete
Name:	JENKINS, EMMANUEL	
Address:	2549 WESTCHESTER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	JENKINS, CLARITHA	
Address:	2549 WESTCHESTER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	GRIER, LAURA	
Address:	1166 HATTERS CIR.	
City-St-Zip:	GREENACRES, FL	
Title:	D	( ) Delete
Name:	PITTS, CAROL	
Address:	1611 AVENUE H	
City-St-Zip:	WEST PALM BEACH, FL 33404	
Title:	D	( ) Delete
Name:	PITTS, ROGER	
Address:	1611 AVENUE H	
City-St-Zip:	WEST PALM BEACH, FL 33404	
Title:	D	( ) Delete
Name:	POMPEY, SHARON	
Address:	1741 SW COLUMBIA STREET	
City-St-Zip:	PORT ST LUCIE, FL 34987	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GRIER, LAURA	
Address:	1166 HATTERS CIR.	
City-St-Zip:	GREENACRES, FL 33413	
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: LAURA A. GRIER SECY 03/12/2009

Electronic Signature of Signing Officer or Director — Date