# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N48859

1. Entity Name
AGAPE LOVE FELLOWSHIP CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2101 S W SAVAGE BLVD<br>PORT SAINT LUCIE, FL 34953 US | 768 CALLE ARAGON<br>UNIT N<br>LAGUNA WOODS, CA 92637 US |

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04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
56-2531646
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOGLIO, FRANK S REV
2101 S W SAUAGE BLVD
PORT ST LUCIE, FL 34953

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

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | EDT |
| NAME | FOGLIO, FRANK S |
| STREET ADDRESS | 1410 DUNCAN LOOP SOUTH, #204 |
| CITY-ST-ZIP | DUNEDIN, FL 34698 |
| TITLE | TD |
| NAME | JOHNSONS, JULIE |
| STREET ADDRESS | 1410 DUNCAN LOOP SOUTH, #204 |
| CITY-ST-ZIP | DUNEDIN, FL 34698 |
| TITLE | SD |
| NAME | DUAME, STEPHEN G |
| STREET ADDRESS | 102 BEDFORD AVE. |
| CITY-ST-ZIP | HIALEAH, FL 33010 |
| TITLE | D |
| NAME | COHEN, MAURICE |
| STREET ADDRESS | 2101 SW SAVAGE BLVD |
| CITY-ST-ZIP | PORT ST LUCIE, FL 34953 |
| TITLE | D |
| NAME | GREGORIO, JOHN |
| STREET ADDRESS | 2695 LAKE SHORE DR |
| CITY-ST-ZIP | FT LAUDERDALE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000505357
04/26/06-80112-013 61.25

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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:** Frank Foglio 04/04/06 949.690.2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #