## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48859

Jul 22, 2008 Secretary of State

Entity Name: AGAPE LOVE FELLOWSHIP CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2101 S W SAVAGE BLVD PORT SAINT LUCIE, FL 34953 US **Current Mailing Address: New Mailing Address:** 768 CALLE ARAGON **UNIT N** LAGUNA WOODS, CA 92637 US FEI Number: 56-2531646 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOGLIO, FRANK S REV 2101 S W SAUAGE BLVD US PORT ST LUCIE, FL 34953 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete FOGLIO, FRANK S FOGLIO, FRANK S Name: Name: 1410 DUNCAN LOOP SOUTH, #204 Address: 509 E. SHERIDAN STREET #203 Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DANIA, FL 33004 Title: () Delete Title: (X) Change ( ) Addition JOHNSONS, JULIE Name: Name: JOHNSONS, JULIE Address: 1410 DUNCAN LOOP SOUTH, #204 Address: 509 E. SHERIDAN STREET #203 City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DANIA, FL 33004 Title: () Delete Title: () Change () Addition DUAME, STEPHEN G Name: Name: 102 BEDFORD AVE. Address: Address: City-St-Zip: HALLANDALE, FL 33010 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COHEN, MAURICE Name: 2101 SW SAVAGE BLVD Address: Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: Title: Title: ( ) Delete () Change () Addition GREGORIO, JOHN Name: Name: 2895 LAKE SHORE DR Address: Address: FT LAUDERDALE, FL City-St-Zip: 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: FRANK S. FOGLIO **PRES** 07/22/2008