2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2009
Secretary of State

DOCUMENT# N48859

Entity Name: AGAPE LOVE FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

2101 S W SAVAGE BLVD
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

768 CALLE ARAGON
UNIT N
LAGUNA WOODS, CA 92637 US

New Mailing Address:

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:

FOGLIO, FRANK S REV
2101 S W SAUAGE BLVD
PORT ST LUCIE, FL 34953 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: EDT ( ) Delete
Name: FOGLIO, FRANK S
Address: 509 E. SHERIDAN STREET #203
City-St-Zip: DANIA, FL 33004

Title: TD ( ) Delete
Name: JOHNSONS, JULIE
Address: 509 E. SHERIDAN STREET #203
City-St-Zip: DANIA, FL 33004

Title: SD ( ) Delete
Name: DUAME, STEPHEN G
Address: 102 BEDFORD AVE.
City-St-Zip: HALLANDALE, FL 33010

Title: D ( ) Delete
Name: COHEN, MAURICE
Address: 2101 SW SAVAGE BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete
Name: GREGORIO, JOHN
Address: 2895 LAKE SHORE DR
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FRANK S. FOGLIO EDT 06/28/2009

Electronic Signature of Signing Officer or Director — Date