

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90171 042 ****61.25

DOCUMENT # N50434

1. Entity Name

AGAPE TEMPLE CHURCH, INC.



Principal Place of Business

4019 N 8TH AVE
PENSACOLA FL 32503
US

Mailing Address

3810 W FAIRFIELD DR
PENSACOLA FL 32505

2. Principal Place of Business

4019 N 8th Ave

Suite, Apt. #, etc.

3. Mailing Address

3810 W Fairfield Dr.

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32503

Country

ESC.

City & State

Pensacola FL

Zip

32505

Country

ESC.

4. FEI Number

59-3136309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

ABNEY, ROSA
4019 N 8TH AVE
PENSACOLA FL 32503

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ABNEY, ROSA PASTOR
STREET ADDRESS 4019 N 8 AVE
CITY-ST-ZIP PENSACOLA 32 503

TITLE AP ☒ Delete
NAME HICKS, ELIAJH ASST
STREET ADDRESS 266 SPRINGDALE CIR
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☒ Delete
NAME MCNEIL, ERNEST DEACON
STREET ADDRESS 1200 RIO GRANDE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rosa Abney*

2-19-06

850 432-6018