2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

09-14-2007 90002 015 ****61.25

FILED N50434

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50434

1. Entity Name
AGAPE TEMPLE CHURCH, INC.

Principal Place of Business	Mailing Address
4019 N 8TH AVE PENSACOLA, FL 32503 US	3810 W FAIRFIELD DR PENSACOLA, FL 32505

09042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3136309
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABNEY, ROSA
4019 N 8TH AVE
PENSACOLA, FL 32503

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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 September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABNEY, ROSA PASTOR
STREET ADDRESS	4019 N 8 AVE
CITY-ST-ZIP	PENSACOLA, 32 503
TITLE	
NAME	Mary L. Parson Trustee
STREET ADDRESS	~~338~~ 2811 Langley Ave
CITY-ST-ZIP	Apt 218 Pensacola Fla 32503
TITLE	
NAME	Ernest McNeil Deacon
STREET ADDRESS	1200 Riograd Circle
CITY-ST-ZIP	Pensacola, Fla 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #