


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N92000000976	
1. Entity Name AGAPE CHRISTIAN MINISTRIES OF THE APOSTOLIC FAITH, INC.	

Principal Place of Business 6030 SANCTUARY GARDEN BLVD PORT ORANGE, FL 32128 US	Mailing Address 6030 SANCTUARY GARDEN BLVD PORT ORANGE, FL 32128 US
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROGERS, ARZY 6030 SANCTUARY GARDEN BLVD PORT ORANGE, FL 32124 32128

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	NO
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROGERS, ARZY 6030 SANCTUARY GARDEN BLVD PORT ORANGE, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROGERS, MARTHA 6030 SANCTUARY GARDEN BLVD PORT ORANGE, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000505416
04/26/06-80116-006 61.25

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: <u>Arzy Rogers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/07/06</u> <small>Date</small>	<u>(386) 788-2144</u> <small>Daytime Phone #</small>
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