

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 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**



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROGERS, ARZY
6030 SANCTUARY GARDEN BLVD
PORT ORANGE, FL 32124**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000621800
02/12/07-80031-013 61.25

**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:

Arzy Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 2007
Date

(386) 788-2144
Daytime Phone #