

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000976

FILED
May 15, 2009
Secretary of State

Entity Name: AGAPE CHRISTIAN MINISTRIES OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

6030 SANCTUARY GARDEN BLVD
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

6030 SANCTUARY GARDEN BLVD
PORT ORANGE, FL 32128 US

New Mailing Address:

6030 SANCTUARY GARSDEN BLVD
PORT ORANGE, FL 32128 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

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

Name and Address of New Registered Agent:

ROGERS, ARZY
6030 SANCTUARY GARDEN BLVD
PORT ORANGE, FL 32128 US

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: ARZY ROGERS

05/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROGERS, ARZY
Address: 6030 SANCTUARY GARDEN BLVD
City-St-Zip: PORT ORANGE, FL 32124

Title: DST () Delete
Name: ROGERS, MARTHA
Address: 6030 SANCTUARY GARDEN BLVD
City-St-Zip: PORT ORANGE, FL 32124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROGERS, ARZY
Address: 6030 SANCTUARY GARDEN BLVD
City-St-Zip: PORT ORANGE, FL 32128 VO

Title: DST (X) Change () Addition
Name: ROGERS, MARTHA N DST
Address: 6030 SANCTUARY GARDEN BLVD
City-St-Zip: PORT ORANGE, FL 32128 US

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: ARZY ROGERS

RA

05/15/2009

Electronic Signature of Signing Officer or Director

Date