

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90100 005 \*\*\*\*61.25

<b>DOCUMENT # N95000005125</b>					
<b>1. Entity Name</b> AGAPE STREET MINISTRY INC.					
<b>Principal Place of Business</b> 40 EAST RAILROAD STREET HIGH SPRINGS, FL 32643			<b>Mailing Address</b> P.O. BOX 1332 HIGH SPRINGS, FL 32655		
<b>2. Principal Place of Business</b> 206 S.W. Lynndale Glen Suite, Apt. #, etc.		<b>3. Mailing Address</b> 339 S.E. Rolling Hills Dr. <del>P.O. Box 1332</del> Suite, Apt. #, etc.			
<b>City &amp; State</b> Lake City, FL 32024 Zip Country 32024 U.S.A.		<b>City &amp; State</b> Lake City 32025 <del>High Springs, FL 32655</del> Zip Country 32655 U.S.A.		<b>4. FEI Number</b> 59-3350795	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GODSMARK, WAYNE ROUTE 22 BOX 6040 LAKE CITY, FL 32024			<b>7. Name and Address of New Registered Agent</b> Name Godsmark, Wayne Street Address (P.O. Box Number is Not Acceptable) 206 S.W. Lynndale Glen City Lake City FL Zip Code 32024		
<b>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.</b> SIGNATURE <u>Wayne D. Godsmark President</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDT GODSMARK, WARREN 3339 S.E. ROLLING HILLS DRIVE LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDT Godsmark, Warren 339 S.E. Rolling Hills Dr. Lake City, FL 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODSMARK, WAYNE 206 S.W. LYNNDAL GLEN LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODSMARK, JEAN 339 S.E. ROLLING HILLS DRIVE LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Wayne D. Godsmark President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/23/05</u> (386)590-1948 <small>Daytime Phone #</small>		