

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005125

FILED
May 20, 2009
Secretary of State

Entity Name: AGAPE STREET MINISTRY INC.

Current Principal Place of Business:

206 SW LYNNDAL GLEN
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

339 SE ROLLING HILLS DR
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-3350795 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

GODSMARK, WAYNE
206 SW LYNNDAL GLEN
LAKE CITY, FL 32024 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MDT () Delete
Name: GODSMARK, WARREN
Address: 339 SE ROLLING HILLS DR
City-St-Zip: LAKE CITY, FL 32025

Title: PD () Delete
Name: GODSMARK, WAYNE
Address: 206 S.W. LYNNDAL GLEN
City-St-Zip: LAKE CITY, FL 32024

Title: VD () Delete
Name: GODSMARK, JEAN
Address: 339 S.E. ROLLING HILLS DRIVE
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WAYNE GODSMARK

PD

05/20/2009

Electronic Signature of Signing Officer or Director

Date