

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000789

FILED
Jun 02, 2006
Secretary of State

Entity Name: AGAPE FAITH CENTER, INC.

Current Principal Place of Business:

21910 SW 120 AVE
GOULDS, FL 33170 US

New Principal Place of Business:

10875 QUAIL ROOST DR.
MIAMI, FL 33157 US

Current Mailing Address:

PO BOX 700305
GOULDS, FL 33170 US

New Mailing Address:

FEI Number: 65-0649728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HOWARD, JONATHAN
17761 SW 113 AVE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: HOWARD, JONATHAN
Address: 11125 SW 157 TERR
City-St-Zip: MIAMI, FL 33157

Title: VD () Delete
Name: HOWARD, CORINE
Address: 11125 SW 157 TERR
City-St-Zip: MIAMI, FL 33170

Title: SD () Delete
Name: WILLIAMS, MARY
Address: 22221 S.W. 114TH AVE.
City-St-Zip: MIAMI, FL 33170

Title: TD () Delete
Name: WILLIAMS, EDISON
Address: 22221 SW 114TH AVE
City-St-Zip: MIAMI, FL 33157

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN HOWARD

PD

06/02/2006

Electronic Signature of Signing Officer or Director

Date