

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

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000006392

1. Entity Name
**AGAPE PRAISE AND WORSHIP COMMUNITY CHURCH,
INC.**



Principal Place of Business
**3721 NE 12TH AVE.
POMPANO BEACH, FL 33064**

Mailing Address
**2373 NW 34TH AVE.
POMPANO BEACH, FL 33066**



03272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0714695

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH, FL 33064**

**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 PD
NAME DELIMA, NELIS N
STREET ADDRESS 3721 NE 12TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE VD
NAME BUARQUE, ROSELIANE
STREET ADDRESS 3721 NE 12TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE D
NAME VERLY, ROSEMBERG
STREET ADDRESS 3721 NE 12TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE TD
NAME BARRETO, RICARDO
STREET ADDRESS 3721 NE 12TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE D
NAME VERDOLIN, CAROLINA
STREET ADDRESS 3721 NE 12TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE SD
NAME MULLER, SERGIO
STREET ADDRESS 3721 NE 12TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33064

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05/10/07-80022-003 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/27/07 9549438833