

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005205

FILED
Jan 11, 2005
Secretary of State

Entity Name: AGAPE CHRISTIAN LIFE CENTER, INC.

Current Principal Place of Business:

9900 N. DAVIS HWY.
PENSACOLA, FL 32514

New Principal Place of Business:

6622-A FRANK REEDER RD. (TEMPORARY)
PENSACOLA, FL 32526

Current Mailing Address:

P.O. BOX 7081
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-3432966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKIVEN, RENAE
5635 DERBY DR.
MILTON, FL 32571 US

Name and Address of New Registered Agent:

WATSON, CYNTHIA G T/S
6688 WESTMONT ST
PENSACOLA, FL 32503 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: CYNTHIA G. WATSON

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: WATSON, DONALD W
Address: 6688 WESTMONT ST.
City-St-Zip: PENSACOLA, FL 32503

Title: P () Delete
Name: WILLIS, RICHARD L II
Address: 6622-A FRANK REEDER ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: HICKS, JIMMY
Address: 228 ST CHRISTOPHER
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: TAYLOR, KATHRYN E
Address: 4784 OAKLAND DR.
City-St-Zip: PENSACOLA, FL 32526

Title: T () Delete
Name: MCKIVEN, DEBBIE R
Address: 5635 DERBY DR.
City-St-Zip: PACE, FL 32571

Title: VS (X) Delete
Name: WATSON, CYNTHIA
Address: 6688 WESTMONT ST.
City-St-Zip: PENSACOLA, FL 32503

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:

Title: T/S (X) Change () Addition
Name: WATSON, CYNTHIA G T/S
Address: 6688 WESTMONT ST
City-St-Zip: PENSACOLA, FL 32503

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 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 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: DONALD W. WATSON

DC

01/11/2005

Electronic Signature of Signing Officer or Director

Date