

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000706

Entity Name: GOLD-WILL AGAPE MINISTRIES, INC.

FILED
Sep 03, 2004
Secretary of State

Current Principal Place of Business:

2614 LARMIE STREET
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2614 LARMIE STREET
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 65-0860853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, THERESA
3022 BUNCHE ST
SARASOTA, FL 32824

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: D () Delete
Name: MOORE, MARY W
Address: 2614 LARMIE STREET
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: MOORE, PARIS
Address: 2614 LARMIE STREET
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: WILLIAMS, DANNY L
Address: 3022 BUNCHE ST
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: WILLIAMS, THERESA
Address: 3022 BURCHE ST.
City-St-Zip: SARASOTA, FL 32324

Title: D () Delete
Name: WILLIAMS, GREGORY
Address: 2614 LAROOIE ST
City-St-Zip: FORT MYERS, FL 33916

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: () 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: MARY MOORE

D

09/03/2004

Electronic Signature of Signing Officer or Director

Date