2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N98000001681

Entity Name: AGAPE' PERFECTING PRAISE AND WORSHIP CENTER, INC.

Current Principal Place of Business:

320 S IVEY LANE
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 618421
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-3395878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RILEY, SHARON Y
1896 GAMMON LANE
ORLANDO, FL 32811 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:	D	( ) Delete
Name:	BELLAMY, BENNIE	
Address:	4523 ARCH STREET	
City-St-Zip:	ORLANDO, FL 32808	
Title:	P	( ) Delete
Name:	RILEY, CONNIE	
Address:	4391 COUNCIL COURT	
City-St-Zip:	ORLANDO, FL 32811	
Title:	TD	( ) Delete
Name:	LAWRENCE, SONYA	
Address:	607 SPICE TRADER WAY, APT. H	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	CARTER, DARRELL	
Address:	4832 ANZIO STREET	
City-St-Zip:	ORLANDO, FL 32819	
Title:	S	( ) Delete
Name:	RILEY, SHARON	
Address:	1896 GAMMON LANE	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	FANT, PATRICIA	
Address:	710 ARLINGTON STREET	
City-St-Zip:	ORLANDO, FL 32801	

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:	
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: SONYA LAWRENCE TD 02/17/2009

Electronic Signature of Signing Officer or Director — Date