


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
AND  
FILED

05 SEP -7 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N98000002862</b>					
1. Entity Name <b>AGAPE CHRISTIAN FELLOWSHIP CENTER, INC.</b>					
Principal Place of Business <b>10 SOUTH MONROE ST QUINCY FL 32351</b>			Mailing Address <b>P.O. BOX 1856 QUINCY FL 32353-1856</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3584430</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WASHINGTON, REGINALD SR 107 CAMELLIA DRIVE QUINCY FL 32351</b>			Name <b>Reginald Washington, Sr.</b>		
			Street Address <b>P.O. Box Number is Not Acceptable</b> <b>83 Frances Kelly Lane</b>		
			City <b>Quincy</b> FL Zip Code <b>32351</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WASHINGTON, REGINALD SR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	10 SOUTH MONROE ST	NAME			
STREET ADDRESS	QUINCY FL 32351	STREET ADDRESS			
CITY-ST-ZIP	D	CITY-ST-ZIP			
TITLE	WASHINGTON, THERESA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	10 SOUTH MONROE ST	NAME			
STREET ADDRESS	QUINCY FL 32351	STREET ADDRESS			
CITY-ST-ZIP	D	CITY-ST-ZIP			
TITLE	JONES, DEROTHA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	10 SOUTH MONROE ST	NAME			
STREET ADDRESS	QUINCY FL 32351	STREET ADDRESS			
CITY-ST-ZIP	S	CITY-ST-ZIP			
TITLE	JACKSON, DENE L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PO BOX 661	NAME			
STREET ADDRESS	QUINCY FL 32353-0661	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Reginald D. Washington, Sr. 8/7/05 621-7156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #