

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000002862

FILED
Oct 27, 2009
Secretary of State

Entity Name: AGAPE CHRISTIAN FELLOWSHIP CENTER, INC.

Current Principal Place of Business:

10 SOUTH MONROE ST
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1856
QUINCY, FL 323531856

New Mailing Address:

FEI Number: 59-3584430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WASHINGTON, REGINALD SR
83 FRANCES KELLY LANE
QUINCY, FL 32351 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: REGINALD WASHINGTON SR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WASHINGTON, REGINALD SR
Address: 10 SOUTH MONROE ST
City-St-Zip: QUINCY, FL 32351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: WASHINGTON, THERESA
Address: 10 SOUTH MONROE ST
City-St-Zip: QUINCY, FL 32351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: JONES, DEROTHA
Address: 10 SOUTH MONROE ST
City-St-Zip: QUINCY, FL 32351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: JACKSON, DENEE L
Address: PO BOX 661
City-St-Zip: QUINCY, FL 323530661

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Delete
Name: MANOR, PATRICIA
Address: 10 SOUTH MONROE ST
City-St-Zip: QUINCY, FL 32351

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: REGINALD WASHINGTON SR

D

10/27/2009

Electronic Signature of Signing Officer or Director

Date