

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007396

FILED
Mar 25, 2004
Secretary of State**Entity Name:** PAROLYN DAVIDSON MINISTRIES OF AGAPE LOVE, INC.**Current Principal Place of Business:**1073 WILSON STREET
MOORE HAVEN, FL 334710484**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 484
MOORE HAVEN, FL 334710484**New Mailing Address:****FEI Number:** 65-0895575**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIDSON, PAROLYN M
1073 WILSON STREET N.W.
MOORE HAVEN, FL 33471**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: P () Delete
Name: DAVIDSON, PAROLYN M
Address: 1073 WILSON STREET N.W.
City-St-Zip: MOORE HAVEN, FL 334710484

Title: VP () Delete
Name: DAVIDSON, JAMES W JR.
Address: 1073 WILSON STREET N.W.
City-St-Zip: MOORE HAVEN, FL 334710484

Title: D () Delete
Name: DAVIDSON, MICHAEL
Address: PO BOX 484
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: CALLOWAY, LARRY
Address: 1235 LOUISIANA AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: ST () Delete
Name: BROWN, ANNIE M
Address: 410 ORCHARD AVE
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: OKALI, VERNA B
Address: 324 BOSTON AVE #2R
City-St-Zip: MEDFORD, MA 021555310

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
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Title: () Change () Addition
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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: PAROLYN M. DAVIDSON

P

03/25/2004

Electronic Signature of Signing Officer or Director

Date