

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000482

FILED
Apr 19, 2005
Secretary of State

Entity Name: AGAPE MINISTERIO DE RESTAURACION, INC.

Current Principal Place of Business:

7609 LEMON WOOD CT
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

7609 LEMON WOOD CT
TAMPA, FL 33625

New Mailing Address:

FEI Number: 59-3551838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELEZ, ANDRES
12410 CARDIFF DR.
TAMPA, FL US

Name and Address of New Registered Agent:

AJO, YOLANDA
7609 LEMON WOOD CT
TAMPA, FL 33625 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: YOLANDA S AJO

04/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AJO, YOLANDA S
Address: 7609 LEMON WOOD CT
City-St-Zip: TAMPA, FL 33625

Title: SD () Delete
Name: AJO, ALEX A
Address: 14116 VILLAGE TERRACE DR.
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: AJO, HENRY E
Address: 19803 MORDEN BLUSH DR
City-St-Zip: LUTZ, FL 33625

Title: T () Delete
Name: ZELDA, JOHN D
Address: 14116 VILLAGE TERRACE DR.
City-St-Zip: TAMPA, FL 33624

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:

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: YOLANDA S AJO

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date