2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Secretary of State DOCUMENT # N99000003897 1. Entity Name 05-04-2006 90216 006 ****61.25 AGAPE FAMILY COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 1531 N LIBERTY ST. 1531 N LIBERTY ST. JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3599546 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, BERTRAM Street Address (P.O. Box Number is Not Acceptable) 157 EAST 8TH STREET #105 JACKSONVILLE FL 32206 City Zip Code 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. 4/17/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change ☐ Addition CONYERS, HELEN NAME 1531 N. LIBERTY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32206 CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition DUNSON, GEORGE NAME NAME 230 EAST FIRST STREET #1002 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32206 CITY-ST-ZIP TITLE TD ☐ Delete ☐ Change ☐ Addition NAME COX, HILLANCY I NAME STREET ADDRESS 1531 NORTH LIBERTY STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32206 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KENNEDY, CHRISTINE NAME STREET ADDRESS 725 E 60TH ST. STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition KENNEDY, DAVID NAME NAME STREET ADDRESS 725 EAST 60TH STREET STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-Z(P CITY-ST-ZIP ELAINE AMMONS 230 E, FIYST ST. Gal, FLA. 32206 D TITLE Delete TITLE ☐ Addition NAME JENNINGS, BREON NAME 1531 N. LIBERTY STREET STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 of the receiver of 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.

CITY-ST-ZIP

SIGNATURE

JACKSONVILLE FL 32206

CITY-ST-7IP

4/11/06 355-0838

FILED

May 04, 2006 8:00 am