

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003897

FILED
Apr 03, 2009
Secretary of State

Entity Name: AGAPE FAMILY COMMUNITY CHURCH, INC.

Current Principal Place of Business:

1143 E CLAUDIA SPENCER ST
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1531 N LIBERTY ST.
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-3599546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, BERTRAM
3543 MARLAND STREET
JACKSONVILLE, FL 32209 US

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: D () Delete
Name: CONYERS, HELEN
Address: 1531 N. LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VPD () Delete
Name: THOMPSON, JURONDA
Address: 1225 EAST 30TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: TD () Delete
Name: COX, HILLANCY I
Address: 1531 NORTH LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: S () Delete
Name: MORRISON, TERRY
Address: 809 BULLSBAY HWY
City-St-Zip: JACKSONVILLE, FL 32220

Title: D () Delete
Name: KENNEDY, DAVID
Address: 725 EAST 60TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: AMMONS, ELAINE
Address: 230 EAST 1ST ST
City-St-Zip: JACKSONVILLE, FL 32206

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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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 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: HELEN CONYERS

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date