

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004441

FILED
Jun 24, 2007
Secretary of State

Entity Name: AGAPE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

2423 EAST IDA STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 292754
TAMPA, FL 336872754 US

New Mailing Address:

FEI Number: 59-3592452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

DAVIS, GEORGE A SR.
7206 YARDLEY WAY
TAMPA, FL 33647 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: WILLIAMS, RONNIE
Address: 4619 JOHN BELL JR DR
City-St-Zip: TAMPA, FL 33610 US

Title: TVP () Delete
Name: DAVIS, JACQUELINE M
Address: 7206 YARDLEY WAY
City-St-Zip: TAMPA, FL 33647 US

Title: T () Delete
Name: BRYANT, MARY E
Address: 4324 GREEN STREET
City-St-Zip: TAMPA, FL 33607 US

Title: T () Delete
Name: WILLIAMS, MARVIN T
Address: 1429 HOUNDS HOLLOW CT
City-St-Zip: LUTZ, FL 33549 US

Title: TFC () Delete
Name: DAVIS, GEORGE A SR
Address: 7206 YARDLEY WAY
City-St-Zip: TAMPA, FL 33647 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: T () Change (X) Addition
Name: WILLIAMS, JULIA K
Address: 17027 ODESSA DR
City-St-Zip: LAND O'LAKES, FL 346380000 US

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: RONNIE WILLIAMS

TP

06/24/2007

Electronic Signature of Signing Officer or Director

Date