

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005970

FILED
Mar 23, 2009
Secretary of State

Entity Name: AGAPE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

6837 LAKEVILLE ROAD
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

6837 LAKEVILLE ROAD
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 59-3599454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNSTON, REGINALD E
2430 POND COVE WAY
APOPKA, FL 32712 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: PD () Delete
Name: DUNSTON, REGINALD E
Address: 2430 POND COVE WAY
City-St-Zip: APOPKA, FL 32712

Title: VD () Delete
Name: DUNSTON, VICTORIA L
Address: 2430 POND COVE
City-St-Zip: APOPKA, FL 32712

Title: ST () Delete
Name: REVIS, KIMBERLY
Address: 1426 CAPE COVE BLVD
City-St-Zip: ORLANDO, FL 32808

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:

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: REGINALD E DUNSTON

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date