

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001419

Entity Name: AGAPE INTERNATIONAL CHURCH OF GOD 7TH DAY, INC.**Current Principal Place of Business:**423 BURLAND STREET
PUNTA GORDA, FL 33950**Current Mailing Address:**4034 KINCORD LANE
NORTH PORT , FL 34287 US**FEI Number:** 56-2318577**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ANDERSON, ZARA G
4034 KINCORD LANE
NORTH PORT , FL 34287 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:** ZARA ANDERSON

04/13/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name CLIVE, LINDO M
Address 3456 DWIGHT STREET
City-State-Zip: PORT CHARLOTTE FL 33981

Title TREA
Name LINDO, PAULINE E
Address 3456 DWIGHT STREET,
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIR.
Name BURBANO, SOBI-DEE
Address 1581 YANCY STREET
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name ATKINS, LUKE
Address 8740 ALAM AVE
City-State-Zip: NORTH PORT FL 34287

Title SEC.
Name ANDERSON, ZARA G
Address 4034 KINCORD LANE
City-State-Zip: NORTH PORT FL 34287

Title DIR
Name THOMPSON, VELMA
Address 4531 LULLABY ROAD
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name SCARLETT, LEBERT
Address 26125 PAYSANDU DRIVE
City-State-Zip: PUNTA GORDA FL 33983

I hereby 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 all other like empowered.

SIGNATURE: ZARA ANDERSON**SECRETARY**

04/13/2025

Electronic Signature of Signing Officer/Director Detail

Date