

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40730

Entity Name: AGAPE CHRISTIAN MINISTRIES OF HOMESTEAD, INC.

Current Principal Place of Business:

13436 SW 291 LANE
LEISURE CITY, FL 33033

Current Mailing Address:

P.O. BOX 1542
LEISURE CITY, FL 33033

FEI Number: 65-0241065

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, LUDLOW, SR.
13436 SW 291 LANE
LEISURE CITY, FL 33033 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

Officer/Director Detail :

Title DPT
Name WALKER, LUDLOW, SR.
Address 13436 SW 291 LANE
City-State-Zip: HOMESTEAD FL 33033

Title DS
Name WALKER, MILLICENT
Address 13436 SW 291 LANE
City-State-Zip: HOMESTEAD FL 33033

Title D
Name GINGERICH, LESTER
Address 1025 HONORE AVE
City-State-Zip: SARASOTA FL 33580

Title DVP
Name MILLER, ALVIN W
Address 2519 CARRIAGE FORD RD.
City-State-Zip: CATLETT VA 20119

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: LUDLOW WALKER

PRESIDENT

01/13/2016

Electronic Signature of Signing Officer/Director Detail

Date