2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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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	Title	DS
Name	WALKER, LUDLOW, SR.	Name	WALKER, MILLICENT
Address	13436 SW 291 LANE	Address	13436 SW 291 LANE
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033
Title	D	Title	DVP
Name	GINGERICH, LESTER	Name	MILLER, ALVIN W
Address	1025 HONORE AVE	Address	2519 CARRIAGE FORD RD.
City-State-Zip:	SARASOTA FL 33580	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 SR REGISTERED AGENT 01/09/2015

Electronic Signature of Signing Officer/Director Detail — Date