

1.) CORPORATION NAME: Agape Fellowship Ministries, Incorporated	DUE DATE: 11/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VINCENT C ALLEN 26 PERCHWOOD DR FREDERICKSBURG, VA	SCC ID NO: 05297619
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: STAFFORD COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 26 PERCHWOOD DRIVE CITY/ST/ZIP: FREDERICKSBURG, VA 22405	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: FELICIA L ALLEN TITLE: OFFICER ADDRESS: 22 REMINGTON COURT CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DONALD L HOLOMAN TITLE: OFFICER ADDRESS: 3808 DIEVIEW DR CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: IRVIN STATEN TITLE: OFFICER ADDRESS: 2604 MELISSA CT CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: VINCENT C ALLEN TITLE: DIRECTOR ADDRESS: 22 REMINGTON COURT CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ FELICIA L ALLEN	FELICIA L ALLEN, OFFICER	1/2/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.