

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N93000001346**

1. Entity Name  
**AGAPE HOUSE MINISTRY, INC.**



**FILED  
Jul 09, 2008 08:00 AM  
Secretary of State**

Principal Place of Business  
**315 E. ORANGE AVE.  
EUSTIS, FL 32726 US**

Mailing Address  
**302 ST. CLAIR ABRAMS AVE.  
TAVARES, FL 32778 US**



07062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3221095</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TYSON, WILLIAM S  
302 ST. CLAIR ABRAMS AVE.  
TAVARES A, FL 32778**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, FAYE 1000 WATERMAN WAY TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TYSON, WILLIAM S 3002 LINMONT LN EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESS, JAN 315 E. ORANGE AVE. EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMLEY, LUANN 315 E. ORANGE AVE. EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHLAND, THERESA 2100 N DURHAM CT MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN HASSEL, GEORGE 35132 CR 439 EUSTIS, FL 32726

**DO NOT WRITE  
IN THIS SPACE**

000000953775  
07/09/08-80004-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *William S. Tyson* *William S. Tyson* 8/1/08 <sup>352</sup> 343-1el 83  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #