

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000080033

FILED
Mar 12, 2004
Secretary of State

Entity Name: AGAPE COUNSELING SERVICES, INC.

Current Principal Place of Business:

5725 NE 14 AVE
FT LAUDERDALE, FL 33334

New Principal Place of Business:

10699 LAGO WELLEBY DRIVE
SUNRISE, FL 33351

Current Mailing Address:

P.O. BOX 5032
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 65-0449971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKKELSEN, KARL
5725 NE 14 AVE
FT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MIKKELSEN, MARILYN
Address: 5725 NE 14 AVE
City-St-Zip: FT LAUDERDALE, FL 33334

Title: VPT () Delete
Name: KARL, MIKKELSEN
Address: 5725 NE 14 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN MIKKELSEN

PRES

03/12/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date