

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000000158 (2)**

1. Corporation Name

AGAPE HOME, INC.



Principal Place of Business 13 AVENUE J MOORE HAVEN FL 33471	Mailing Address P.O. BOX 1253 MOORE HAVEN FL 33471
--	--

3. Date Incorporated or Qualified 01/06/1997
4. FEI Number 65-0721743
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent TUEL, FREDDY W 3 AVENUE J MOORE HAVEN FL 33471
--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME COUSE, MILLER	
STREET ADDRESS 227 E. CRESCENT DR.	
CITY-ST-ZIP CLEWISTON FL 33440	
TITLE D	<input type="checkbox"/> DELETE
NAME COUSE, TONI	
STREET ADDRESS 227 E. CRESCENT DR.	
CITY-ST-ZIP CLEWISTON FL 33440	
TITLE D	<input type="checkbox"/> DELETE
NAME FORBES, JIM	
STREET ADDRESS 201 W. DELMONTE AVE.	
CITY-ST-ZIP CLEWISTON FL 33440	
TITLE D	<input type="checkbox"/> DELETE
NAME FORBES, JANICE	
STREET ADDRESS 201 W. DELMONTE AVE.	
CITY-ST-ZIP CLEWISTON FL 33440	
TITLE D	<input type="checkbox"/> DELETE
NAME GARDNER, H. ROY	
STREET ADDRESS 37100 HIGHWAY 441 NORTH	
CITY-ST-ZIP OKEECHOBEE FL 34972	
TITLE D	<input type="checkbox"/> DELETE
NAME GARDNER, BARBARA J	
STREET ADDRESS 37100 HIGHWAY 441 NORTH	
CITY-ST-ZIP OKEECHOBEE FL 34972	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Tuel, Freddy W.	
1.3 STREET ADDRESS 3 Ave J PO Box 1253	
1.4 CITY-ST-ZIP Moore Haven FL 33471	
2.1 TITLE S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Tuel, Deborah A.	
2.3 STREET ADDRESS 3 Ave J PO Box 1253	
2.4 CITY-ST-ZIP Moore Haven FL 33471	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Lamberti, Rico	
3.3 STREET ADDRESS 2341 SE 27 St	
3.4 CITY-ST-ZIP Okeechobee FL 34974	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Lamberti, Vicki	
4.3 STREET ADDRESS 2341 SE 27 St	
4.4 CITY-ST-ZIP Okeechobee FL 34974	
5.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Forbes, Jim	
5.3 STREET ADDRESS 201 W. Delmonte Ave	
5.4 CITY-ST-ZIP Clewiston FL 33440	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (1097)