

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90012 024 ****70.00

DOCUMENT # N97000000158

1. Entity Name
AGAPE HOME, INC.

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0721743 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TUEL, DEBORAH
3 AVENUE J
PO BOX 1253
MOORE HAVEN FL 33471

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)



DO NOT WRITE IN THIS SPACE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. 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	PD <input checked="" type="checkbox"/> Delete
NAME	TUEL, FREDDY W
STREET ADDRESS	3 AVE J PO BOX 1253
CITY-ST-ZIP	MOORE HAVEN FL 33471
TITLE	D <input type="checkbox"/> Delete
NAME	FORBES, JANICE
STREET ADDRESS	201 W. DELMONTE AVE.
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	VD <input type="checkbox"/> Delete
NAME	FORBES, JIM
STREET ADDRESS	201 W DELMONTE AVE
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	ST <input type="checkbox"/> Delete
NAME	TUEL, DEBORAH A
STREET ADDRESS	3 AVE J PO BOX 1253
CITY-ST-ZIP	MOORE HAVEN FL 33471

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hamilton, Donald
STREET ADDRESS	207 Pine Lane
CITY-ST-ZIP	Clewiston FL 33440
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Couse Toni
STREET ADDRESS	227 E Crescent Dr
CITY-ST-ZIP	Clewiston FL 33440
TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van Sickle, Deborah
STREET ADDRESS	101 Ridgewood Ave
CITY-ST-ZIP	Clewiston FL 33440
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hamilton, Virginia
STREET ADDRESS	207 Pine Lane
CITY-ST-ZIP	Clewiston, FL 33440
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Phillip
STREET ADDRESS	30 9th Street
CITY-ST-ZIP	Bonita Bch, FL 34134
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tuel, Deborah A
STREET ADDRESS	3 AVE J PO BOX 1253
CITY-ST-ZIP	Moore Haven FL 33471

12. 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 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: Deborah A. Tuel **Deborah A. Tuel** 5-24-01 863-946-2228

CR2E037 (10/00)

A Hechman

AGAPE HOME, INC.
3 AVENUE J
PO BOX 1253
MOORE HAVEN, FL 33471
863-946-2228

BOARD OF DIRECTORS

MILLER COUSE
TONI COUSE
JAMES FORBES
JANICE FORBES
DON HAMILTON
GINA HAMILTON
PEARL ANN HINES
DEBORAH TUEL
DEBORAH VAN SICKLE

SPIRITUAL DIRECTORS

PHILLIP WILLIAMS
LISA WILLIAMS

THE LOVE OF CHRIST & THE POWER OF THE CROSS
HEALING & RESTORATION FOR EMOTIONALLY WOUNDED WOMEN

N97000000158
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May 25, 2001

D
HINES, PEARL ANN
JEFF WIGGINS RD, PO BOX 822
MOORE HAVEN, FL 33471