

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90178 049 ****61.25

DOCUMENT # N97000000158

1. Entity Name

AGAPE HOME, INC.

Principal Place of Business

Mailing Address

**3 AVENUE J
 MOORE HAVEN FL 33471**

**P.O. BOX 1253
 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

65-0721743

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUEL, DEBORAH
 3 AVENUE J
 PO BOX 1253
 MOORE HAVEN FL 33471**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COUSE, MILLER	
STREET ADDRESS	227 E. CRESCENT DR.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COUSE, TONI	
STREET ADDRESS	227 E. CRESCENT DR.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TUEL, DEBORAH A	
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	TD	<input type="checkbox"/> Delete
NAME	VAN SICKLE, DEBORAH	
STREET ADDRESS	101 RIDGEWOOD AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Tuel **SIGNATURE REQUIRED** *Deborah Tuel*

Date

Daytime Phone #

4-25-02 863-673-3146

CR2E037 (9/01)