

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90080 030 ****70.00

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1. Entity Name
 AGAPA OUTREACH, INC.



Principal Place of Business
 5038 N. SOCRUM LOOP RD.
 LAKELAND, FL 33809

Mailing Address
 5038 N. SOCRUM LOOP RD.
 LAKELAND, FL 33809

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 04-3614613

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, LARRY J
 5038 N. SOCRUM LOOP RD.
 LAKELAND, FL 33809

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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 LARRY J. ANDERSON

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 ANDERSON, LARRY J 5038 N. SOCRUM LOOP RD. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHAW, EDWARD L 4606 ALPINE DR. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THORPE, CHARLES T 1105 O'DONELL LOOP SOUTH 5541 Hillside Landing Rd LAKELAND, FL 33809 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOHL, RICHARD E JR. 3855 GARNET DR. MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Larry J. Anderson Date 2/16/05 Daytime Phone # 863/815-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR