

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 17, 2009
Secretary of State**

DOCUMENT# N97000000158

Entity Name: AGAPE HOME, INC.

Current Principal Place of Business:

3 AVENUE J
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1253
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 65-0721743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUEL, DEBORAH
3 AVENUE J
MOORE HAVEN, FL 33471 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COUSE, MILLER
Address: 227 E. CRESCENT DR.
City-St-Zip: CLEWISTON, FL 33440

Title: SD () Delete
Name: COUSE, TONI
Address: 227 E. CRESCENT DR.
City-St-Zip: CLEWISTON, FL 33440

Title: PD () Delete
Name: TUEL, DEBORAH A
Address: 3 AVE J
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: FORBES, JANICE
Address: 201 W. DELMONTE AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: VD () Delete
Name: FORBES, JIM DOCTOR
Address: 201 W DELMONTE AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: HAMILTON, DON PASTOR
Address: 940 PONDELLA RD
City-St-Zip: FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: MERCER, DAVID PASTOR
Address: 499 AVENUE N
City-St-Zip: MOORE HAVEN, FL 33471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH A. TUEL

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date