

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000000158

FILED  
Jun 09, 2003  
Secretary of State

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  
PO BOX 1253  
MOORE HAVEN, FL 33471

**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 PO BOX 1253  
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  
Address: 201 W DELMONTE AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: TD ( ) Delete  
Name: VAN SICKLE, DEBORAH  
Address: 101 RIDGEWOOD AVE  
City-St-Zip: CLEWISTON, FL 33440

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

P

06/09/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date