

2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N22000010757

Entity Name: AGAPE PARENT & STUDENT ORGANIZATION, INC.**Current Principal Place of Business:**242 SOUTH WASHINGTON BOULEVARD, SUITE 372
SARASOTA, FL 34236**Current Mailing Address:**242 SOUTH WASHINGTON BOULEVARD, SUITE 372
SARASOTA, FL 34236 US**FEI Number:** 92-3975988**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOSELEY, CHEYENNE
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 US*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:** CHEYENNE MOSELEY

02/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	VASOULA KELAMIS GRASON
Address	242 SOUTH WASHINGTON BOULEVARD, SUITE 372
City-State-Zip:	SARASOTA FL 34236

Title	VICE PRESIDENT
Name	TERRI DEES
Address	888 BOULEVARD OF THE ARTS APT 505
City-State-Zip:	SARASOTA FL 34236

Title	TREASURER
Name	TBD
Address	TBA
City-State-Zip:	SARASOTA FL 34240

Title	SECRETARY
Name	MARILUS KARINA CASTILLO RODRIGUEZ
Address	3451 QUEEN ST., APT. 125
City-State-Zip:	SARASOTA FL 34240

I hereby 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 all other like empowered.

SIGNATURE: VASOULA KELAMIS GRASON

PRESIDENT

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date