

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001346

Entity Name: AGAPE HOUSE MINISTRY, INC.**Current Principal Place of Business:**320 E MAGNOLIA AVENUE
EUSTIS, FL 32726**Current Mailing Address:**315 E. ORANGE AVE.
EUSTIS, FL 32726 US**FEI Number:** 59-3221095**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FERGUSON, LOREEN DORIS
315 E. ORANGE AVE.
EUSTIS, FL 32726 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:** LOREEN D FERGUSON

03/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name ELLIOTT, GARY BRENT
Address 1620 HAMILTON ST
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name SEAWELL, CATHERINE JEAN
Address 25956 SAN RAFAEL COURT.
City-State-Zip: HOWEY IN THE HILLS FL 34737

Title SECRETARY/TREASURER
Name CONNOLLY, RUTH
Address 4952 PORTSMOUTH STREET
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name CONE, LARRY
Address 15630 KEZER ROAD
City-State-Zip: TAVARES FL 32778

Title ASST. SECRETARY
Name QUILATON, CAIDY
Address 11218 PINE RIDGE ROAD.
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name BOEHME, JAY
Address 315 E. ORANGE AVE.
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name REPASS, MICHAEL
Address 315 E ORANGE AVE
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR MEMBER AT LARGE
Name SULLIVAN, JOHN
Address 315 E. ORANGE AVE.
City-State-Zip: EUSTIS FL 32726

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: CATHERINE JEAN SEAWELL**DIRECTOR**

03/14/2024

Electronic Signature of Signing Officer/Director Detail

Date