

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000158

Entity Name: AGAPE HOME, INC.**Current Principal Place of Business:**3 AVENUE J
MOORE HAVEN, FL 33471**Current Mailing Address:**P.O. BOX 1253
MOORE HAVEN, FL 33471**FEI Number:** 65-0721743**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TUEL, DEBORAH A
3 AVENUE J
MOORE HAVEN, FL 33471 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	COUSE, MILLER
Address	227 E. CRESCENT DR.
City-State-Zip:	CLEWISTON FL 33440

Title	SD
Name	COUSE, TONI
Address	227 E. CRESCENT DR.
City-State-Zip:	CLEWISTON FL 33440

Title	PD
Name	TUEL, DEBORAH A
Address	3 AVE J
City-State-Zip:	MOORE HAVEN FL 33471

Title	D
Name	FORBES, JANICE
Address	201 W. DELMONTE AVE.
City-State-Zip:	CLEWISTON FL 33440

Title	VD
Name	DRIGGERS, KELVIN
Address	1361 WAGON TRAIL
City-State-Zip:	MOORE HAVEN FL 33471

Title	D
Name	MERCER, DAVID PASTOR
Address	499 AVENUE N
City-State-Zip:	MOORE HAVEN FL 33471

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: DEBORAH A. TUEL**PRESIDENT****03/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date