FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 698980 (0)

1. Corporate Name
AGAPE OF PASCO COUNTY, INC.

Principal Place of Business
9500 US HWY. 19
PORT RICHEY FL 34668

Mailing Address
9500 US HWY. 19
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2114578 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
MATHEWS, HARRIET SOLMS
9017 GOLDEN POND COURT
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Field	Value
TITLE	PT
NAME	MATHEWS, HARRIET S.
STREET ADDRESS	9017 GOLDEN POND CT.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	V
NAME	MATHEWS, MARK W., III
STREET ADDRESS	9017 GOLDEN POND CT.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
11 TITLE		☐	☐
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		☐	☐
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		☐	☐
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		☐	☐
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		☐	☐
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐	☐
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harriet Solms Mathews 2-24-95 813-847-4536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HARRIET SOLMS MATHEWS

0373345 CP