FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 698980

1. Entity Name
AGAPE OF PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
8319 EMBASSY BLVD PORT RICHEY, FL 34668-119 US	8319 EMBASSY BLVD PORT RICHEY, FL 34668-119 US

DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2114578

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, MARK W DR. III
8319 EMBASSY BLVD.
NEW PORT RICHEY, FL 34668

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dr. Mark W. Mathews III / president / 4-30-04
Signature (typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATHEWS, HARRIET S.
STREET ADDRESS	9017 GOLDEN POND CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	PT
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	

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05/04/04-80014-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

727-819-0440

SIGNATURE: Mark W. Mathews, III president 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #