

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746390

FILED
Apr 27, 2006
Secretary of State

Entity Name: AGAPE LIGHTHOUSE, INC.

Current Principal Place of Business:

2713 CR 220
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

2713 CR 220
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-1935418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONIC, NICHOLAS T.
8250 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LOZNICKA, GLADYS
Address: 3924 PETER RABBIT DR
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete
Name: DEVLIN, HEIDI
Address: 5127 POPPY DRIVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: PD () Delete
Name: PRINGLE, JAMES K,
Address: 3227 RIVER RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD () Delete
Name: PRINGLE, RITS A
Address: 3227 RIVER RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: STD (X) Delete
Name: RUPERT, JAMISON
Address: 2658 TRAMORE PLACE
City-St-Zip: ORANGE PARK, FL 32065

Title: S () Delete
Name: DUPONT, KIMBERLY
Address: 4661 CONFEDERATE OAKS DR
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: LOZNICKA, GLADYS
Address: 3924 PETER RABBIT DR
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PRINGLE, JAMES K SR
Address: 2812 OAKLAND DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD (X) Change () Addition
Name: PRINGLE, RITA A
Address: 2812 OAKLAND DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES K. PRINGLE, SR.

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date