

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003367

FILED
Apr 30, 2004
Secretary of State**Entity Name:** THE AGAPE RESOURCE COLLABORTIVE, INC.**Current Principal Place of Business:**3514 BROADWAY
WEST PALM BEACH, FL 33407**New Principal Place of Business:**1770 N. TAMIAMI TRAIL
SUITES 109 & 111
SARASOTA, FL 34237**Current Mailing Address:**PO BOX 1861
WEST PALM BEACH, FL 33402**New Mailing Address:**PO BOX 48546
SARASOTA, FL 33402**FEI Number:** 65-1087904**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CASTLE-HASAN, ELIZABETH E
3514 BROADWAY
WEST PALM BEACH, FL 33407**Name and Address of New Registered Agent:**CASTLE, ELIZABETH E DR.
1770 N. TAMIAMI TRAIL
SUITES 109 & 111
WEST PALM BEACH, FL 33407

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: DR. ELIZABETH E. CASTLE

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTLE-HASAN, ELIZABETH E
Address: 3514 BROADWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: MORRIS, MEGAN
Address: 12063 REGAL COURT
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: HASAN, EDWARD N
Address: 3654 ANTISDALE AVENUE
City-St-Zip: CLEVELAND HEIGHTS, OH 44118

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTLE-HASAN, ELIZABETH E
Address: 1770 N. TAMIAMI TRAIL SUITES 109 & 111
City-St-Zip: SARASOTA, FL 33407

Title: T (X) Change () Addition
Name: LOUISE, PENN
Address: 244 TANGLEWOOD DRIVE
City-St-Zip: MARTINSVILLE, VA 24112

Title: VP (X) Change () Addition
Name: MORRIS, MEGAN K
Address: P. O. BOX 48546
City-St-Zip: SARASOTA, FL 34230

Title: PRES () Change (X) Addition
Name: CASTLE, ELIZABETH E DR.
Address: P. O. BOX 48546
City-St-Zip: SARASOTA, FL 34230

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. ELIZABETH E. CASTLE

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date