2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N01000003367

Entity Name: THE AGAPE RESOURCE COLLABORTIVE, INC.

Current Principal Place of Business:

1770 N. TAMIAMI TRAIL
SUITES 109 &111
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

PO BOX 48546
SARASOTA, FL 33402

New Mailing Address:

FEI Number: 65-1087904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTLE, ELIZABETH E DR.
1770 N. TAMIAMI TRAIL
SUITES 109 & 111
WEST PALM BEACH, FL 33407 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:	PD	( ) Delete
Name:	CASTLE-HASAN, ELIZABETH E	
Address:	1770 N. TAMIAMI TRAIL SUITES 109 & 111	
City-St-Zip:	SARASOTA, FL 33407	
Title:	T	( ) Delete
Name:	LOUISE, PENN	
Address:	244 TANGLEWOOD DRIVE	
City-St-Zip:	MARTINSVILLE, VA 24112	
Title:	VP	( ) Delete
Name:	MORRIS, MEGAN K	
Address:	P. O. BOX 48546	
City-St-Zip:	SARASOTA, FL 34230	
Title:	PRES	( ) Delete
Name:	CASTLE, ELIZABETH E DR.	
Address:	P. O. BOX 48546	
City-St-Zip:	SARASOTA, FL 34230	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 CASTLE-HASAN PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date