

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003367

FILED
May 02, 2007
Secretary of State

Entity Name: THE AGAPE RESOURCE COLLABORTIVE, INC.

Current Principal Place of Business:

1254 MAXWELL STREET
NORTH CHARLESTON, SC 29405 1

New Principal Place of Business:

1529 SAM RITTENBERG BLVD SUITE 203
CHARLESTON, SC 29407 1

Current Mailing Address:

1254 MAXWELL STREET
N.CHARLESTON, SC 29405 1

New Mailing Address:

FEI Number: 65-1087904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTLE, ELIZABETH E DR.
1254 MAXWELL STREET
NORTH CHARLESTON, SC, FL 29405 US

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: CEO () Delete
Name: CASTLE, ELIZABETH E DR.
Address: 1254 MAXWELL STREET
City-St-Zip: NORTH CHARLESTON, SC 29405 1

Title: VP () Delete
Name: MORRIS, MEGAN K
Address: P.O. BOX 80815
City-St-Zip: CHARLESTON,, SC 29416

Title: PD () Delete
Name: RAVENEL, ALEXANDER II
Address: 1930 SUMMERVILLE AVE
City-St-Zip: NORTH CHARLESTON, SC 29405 1

Title: CEO () Delete
Name: CASTLE, ELIZABETH E DR.
Address: 1254 N. MAXWELL
City-St-Zip: NORTH CHARLESTON, SC 29405 1

Title: TREASURER () Delete
Name: PENN, LOUISE
Address: 244 TANGLEWOOD DR
City-St-Zip: MARTINSVILLE,, VA 24112

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:

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

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

DR.

05/02/2007

Electronic Signature of Signing Officer or Director

Date