NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-22-2004 90006 049 ****70.00

DOCUMENT # N02000006228

1. Entity Name
AGAPE ARTS INTERNATIONAL inc.

DO NOT WRITE IN THIS SPACE

44049352

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2. Principal Place of Business	3. Mailing Address
108 WINDRIDGE LANE Suite, Apt. #, etc.	108 WINDRIDGE LANE Suite, Apt. #, etc.
City & State: PANAMA CITY BEACH FL	City & State: PANAMA CITY BEACH FL
Zip: 32413 Country: BAY	Zip: 32413 Country: BAY

4. FEI Number: 753087581 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SUSANNE CLAIRE KOLTER

Street Address (P.O. Box Number is Not Acceptable): 108 WINDRIDGE LANE

City: PANAMA CITY BEACH FL Zip Code: 32413

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: Susanne Claire Kolter 6/30/04 *
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE (P/D) NAME SANDRA AGUILAR STREET ADDRESS 2770 W DEVONSHIRE APT B9 CITY-ST-ZIP HEMET CA 92545	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE (D/VP) NAME DEBBIE SULLIVAN STREET ADDRESS 225 DALTON CITY-ST-ZIP SANTA ROSA BEACH FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME RANDY SULLIVAN (S T D) STREET ADDRESS 225 DALTON CITY-ST-ZIP SANTA ROSA BEACH FLORIDA 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE (T) NAME LEONARD AGUILAR STREET ADDRESS 2770 W DEVONSHIRE APT B9 CITY-ST-ZIP HEMET CA 92545	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Susanne Claire Kolter SUSANNE CLAIRE KOLTER 6/30/04 850-2863180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #