2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # N02000006228 1. Entity Name AGAPE ARTS INTERNATIONAL INC. Principal Place of Business Mailing Address 108 WINDRIDGE LANE PANAMA CITY BEACH FL 32413 108 WINDRIDGE LANE PANAMA CITY BEACH FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 75-3087581 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOLTER, SUSANNE CLAIRE Street Address (P.O. Box Number is Not Acceptable) 108 WINDRIGE LANE PANAMA CITY BEACH FL 32413 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State LL C. JUNGTHAMAN 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE ☐ Change ☐ Addition AGULAR, SANDRA NAME NAME U00000539723 2770 WW DEVONSHIRE APT B9 STREET ADDRESS STREET ADDRESS 05/09/06-80111-015 70.00 HEMET CA 92545 CITY-ST-ZIP CITY-ST-ZIP TITLE DVP Delete TITLE ☐ Change Addition SULLIVAN, DEBBIE 225 DALTON STREET ADDRESS STREET ADDRESS SANTA ROSA BEACH FL 32459 CITY-ST-ZIP CITY-ST-ZIP HITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SULLIVAN, RANDY MAME STREET ADDRESS 225 DALTON STREET ADDRESS SANTA ROSA BEACH FL 32459 CITY-ST-7IP City - ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AGULAR, LEONARD NAME STREET ADDRESS 2770 W DEVONSHIRE APT B9 STREET ADDRESS HEMET CA 92545 CITY+ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 cath; 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

Jusanne Kalte

4/20/16

850.0363/80