

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001367

FILED  
Jun 24, 2007  
Secretary of State

Entity Name: AGAPE OUTREACH, INC.

**Current Principal Place of Business:**

2423 E IDA STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

PO BX 292754  
TAMPA, FL 336682754

**New Mailing Address:**

PO BX 292754  
TAMPA, FL 336872754

FEI Number: 06-1684205      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

WILLIAMS, JEANNETTE W FS  
4619 JOHN BELL JR DRIVE  
TAMPA, FL 336106838 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: DIR      ( ) Delete  
Name: BRYANT, MARY E  
Address: 4324 GREEN STREET  
City-St-Zip: TAMPA, FL 33607 US

Title: SEC      ( ) Delete  
Name: DAVIS, JACQUELINE M  
Address: 7206 YARDLEY WAY  
City-St-Zip: TAMPA, FL 33647 US

Title: FINS      ( ) Delete  
Name: DAVIS, GEORGE A SR  
Address: 7206 YARDLEY WAY  
City-St-Zip: TAMPA, FL 33647 US

Title: INC      ( ) Delete  
Name: MCCREE, GWENDOLYN E  
Address: 5605 CHARLES DRIVE  
City-St-Zip: TAMPA, FL 33619

**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 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: MARY E BRYANT

DIR

06/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date