

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007628

FILED  
Jan 30, 2005  
Secretary of State

**Entity Name:** AGAPE FAMILY COUNSELING CENTER, INC.

**Current Principal Place of Business:**

323 E KENNEDY BLVD  
SUITE G  
EATONVILLE, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2431  
EATONVILLE, FL 32751

**New Mailing Address:**

**FEI Number:** 90-0102526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, LEROY JR  
4040 IVEYGIEN AVE  
ORLANDO, FL 32826 US

**Name and Address of New Registered Agent:**

SCOTT, LEROY JR  
1587 AMARYLLIS CIRCLE  
ORLANDO, FL 32825 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: LEROY SCOTT, JR.

01/30/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCOTT, LEROY JR  
Address: 4040 IVEYGLEN AVE  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCOTT, LEROY JR  
Address: 1587 AMARYLLIS CIRCLE  
City-St-Zip: ORLANDO, FL 32825

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: LEROY SCOTT, JR.

CEO

01/30/2005

Electronic Signature of Signing Officer or Director

Date