

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007628

FILED
Feb 15, 2006
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
1587 AMARYLLIS CIRCLE
ORLANDO, FL 32825 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: P () Delete
Name: SCOTT, LEROY JR
Address: 1587 AMARYLLIS CIRCLE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LEROY SCOTT JR

DIR

02/15/2006

Electronic Signature of Signing Officer or Director

Date