

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000730

FILED
Mar 09, 2005
Secretary of State

Entity Name: AGAPE SCHOOL OF MIDWIFERY AND HEALTH SCIENCES INC.

Current Principal Place of Business:

6441 ASTORIA AVE
FT MEYERS, FL 33905

New Principal Place of Business:

4839 PALM BEACH BLVD
FT MYERS, FL 33905

Current Mailing Address:

6441 ASTORIA AVE
FT MEYERS, FL 33905

New Mailing Address:

6441 ASTORIA AVE
FT MYERS, FL 33905

FEI Number: 13-4273809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUSTRA, TRACY
11020 ROSEMARY DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

KUSTRA, TRACY
6441 ASTORIA AVE
FT. MYERS, FL 33905 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:

03/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KUSTRA, TRACY
Address: 6441 ASTORIA AVE.
City-St-Zip: FT. MYERS, FL 33905

Title: DV () Delete
Name: KUSTRA, DAVID E
Address: 6441 ASTORIA AVE.
City-St-Zip: FT. MYERS, FL 33905

Title: DS () Delete
Name: MCARY, HALLORI
Address: 5660 BUCKINGHAM ROAD
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: HEISE, FAITH
Address: 18050 S TAMIAMI TRAIL
City-St-Zip: FT. MYERS, FL 33908

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: TRACY KUSTRA

DP

03/09/2005

Electronic Signature of Signing Officer or Director

Date